[Mr. T. Kumara Pillai.]

DEMAND XV—MEDICAL DEPARTMENT.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I rise to move for a grant not exceeding Rs. 5·29 lakhs, under Demand XV—Medical Department.

Motion 357.

MR. T. KUMARA PILLAI (*Eraniel cum Vilavankod*): Sir, I beg to make the following motion :—

457. To reduce the allotment of Rs. 1,100 for travelling allowance by Rs. 10.

ഇവിടത്തെ ഡർബാർഫിസിഷനും മെഡിക്കൽ ഡിപ്പാർട്ട്മെൻറിന്റെ അദ്ധ്യക്ഷനും ഒരാളായി തീർന്നിരിക്കുന്നു. ഡർബാർഫിസിഷൻ മെഡിക്കൽ വകുപ്പിലെ ഭരണംകൂടി കൈയേറിട്ടുള്ളതുകൊണ്ട് അതു സംബന്ധമായ ജോലികൾ നടത്തുന്നതിന് അദ്ദേഹത്തിന്റെ സഹായം പ്രധാനമായി കരുതേണ്ടതാണ്. അദ്ദേഹത്തിന്റെ ചികിത്സാനൈപുണ്യവും, ശസ്ത്രക്രിയാപാടവവും തന്റെ മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാർക്ക് ഉപദേശത്രോണ ഉപയോഗപ്പെടുത്തുകയും, ചികിത്സയിൽ ജനങ്ങൾക്ക് ആവശ്യമുള്ള വിദഗ്ധാഭിപ്രായങ്ങൾ അവരുടെ ശക്തിക്ക് അനുരൂപമായ വിധം കൊടുക്കുകയും ചെയ്യുന്നത് ആ ഉൽകൃഷ്ടസ്ഥാനത്തിനു യോജിക്കുന്നതായിരിക്കും. കഴിഞ്ഞതവണയുണ്ടായിട്ടുള്ള വാദപ്രതിവാദങ്ങളിൽ ഡർബാർഫിസിഷന്റെ സഹായിയുടെ പരിശോധനകളെപ്പറ്റിയും, ആശുപത്രികളുടെ പരിശോധനകളെപ്പറ്റിയും മിസ്റ്റർ എം. എൻ. പിള്ള പറഞ്ഞിട്ടുള്ളതിനു അദ്ദേഹത്തിന്റെ മറുപടിയിൽ ഇങ്ങനെ സമാധാനം പറഞ്ഞിരിക്കുന്നു.

"I do not know what Mr. Nilacanda Pillai means by inspection. If by inspection is meant the weighing of drugs and medicines and checking them and looking into the registers, that is not inspection in the full sense of that term, though I do that also. After all, hospitals are meant primarily and mainly for relieving the suffering and curing the sick; and my inspection is with a view to know the quality of work and to determine whether medical subordinates are doing their professional work properly, for checking which I have devised ways and means.....Nevertheless, it ought to be known to the Council that inspection does not and should not consist mainly or wholly in weighing and measuring or examining records, books and registers to see if they are brought up-to-date."

ഡർബാർഫിസിഷന്റെ ഈ പ്രസംഗം കേൾക്കുന്നതിനും, രണ്ടാമത് അതിനെ വായിച്ചുനോക്കുന്നതിനും ആർക്കും കൌതുകം തോന്നുന്നതാണെന്നു ഞാൻ സമ്മതിക്കുന്നു. എന്നുമാത്രവുമല്ല, ഈ പ്രസംഗംകൊണ്ടു കൌൺസിലിലുള്ള ബഹുമാനപ്പെട്ട മെംബറന്മാരേയും, ആ വകുപ്പു ഗവർൺമെൻറിനെയും തൽകാലം സമാധാനപ്പെടുത്താൻ ഉപകരിക്കുന്ന

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താണെന്നും സമ്മതിക്കാവുന്നതാണ്. ഡർബാർഹിസിഷൻ അദ്ദേഹത്തിന്റെ പ്രസംഗത്തിൽ പറഞ്ഞിട്ടുള്ള സംഗതികൾ പ്രവൃത്തിയിൽ കൊണ്ടുവന്നിട്ടുണ്ടോ എന്ന് ഓരോന്നായി പരിശോധിക്കാം.

ഫ ഠ ൻന്യ-ൽ തിരുവനന്തപുരം ടൌണിനുപുറമെ ഫ ഡിസ്പെൻസറികൾ ഉണ്ടായിരുന്നതിൽ കോട്ടയം, നാഗർകോവിൽ, പദ്മനാഭപുരം, കൊല്ലംവിക്ടോറിയാ ഈ ആശുപത്രികൾ മൂന്നുപ്രാവശ്യം വീതവും, ചങ്ങനാശേരി, നെയ്യാറ്റിങ്കര, കൊല്ലം, തിരുവല്ലാ, വൈക്കം ഈ ആശുപത്രികൾ രണ്ടു പ്രാവശ്യം വീതവും, ബാക്കിയുള്ള ഫ ർ ഡിസ്പെൻസറികൾ ഓരോ പ്രാവശ്യവും പരിശോധിച്ചിരിക്കുന്നു.

ഫ ഠ ൻന്യ-ൽ തിരുവനന്തപുരം ടൌണിനുപുറമെ നു ഫ ഡിസ്പെൻസറികൾ ഉണ്ടായിരുന്നതിൽ ഫ നു ആശുപത്രികൾ ഓരോപ്രാവശ്യം വീതം പരിശോധിക്കയും ബാക്കിയുള്ള വ ആശുപത്രികൾ പരിശോധിക്കാതിരിക്കയും ചെയ്തു.

ഫ ഠ ൻന്യ-ൽ തിരുവനന്തപുരം ടൌണിനുപുറമെ സാഹായികധനം വാങ്ങുന്ന ഫ ഭ ആശുപത്രികൾ ഉള്ളതിൽ നെയ്യൂർ ആശുപത്രിമാത്രം രണ്ടു പ്രാവശ്യവും, മാത്താണ്ഡം, നെടുങ്ങോലം, നെയ്യൂർ ലെപ്പർ അസൈലം ഈ ആശുപത്രികൾ ഓരോ പ്രാവശ്യവും പരിശോധിച്ചിരിക്കുന്നു. സാഹായികധനം വാങ്ങിവരുന്ന മറ്റു ഫ ഫ ആശുപത്രികളും ൻന്യ-ൽ പരിശോധനകൾ നടത്തീട്ടില്ലാത്തതാണ്.

ൻന്യ-ൽ ഇങ്ങനെ നടത്തീട്ടുള്ള പരിശോധനകളിൽ ആണ്ടവസാനത്തിലുള്ള മൂന്നു മാസങ്ങളിൽ ഫ ഭ ഡിസ്പെൻസറികളും ഫ ഠ ഡിസ്പെൻസറികളും നു സാഹായികധനം വാങ്ങുന്ന ആശുപത്രികളും പരിശോധിച്ചിരിക്കുന്നു.

ൻന്യ-ൽ ഇങ്ങനെ നടത്തീട്ടുള്ള പരിശോധനകളിൽ തിരുവനന്തപുരത്തുനിന്നും പുറപ്പെട്ട പുറമെയുള്ള ആശുപത്രികളുടെ പരിശോധനകൾ കഴിച്ചുകൂട്ടി അന്നേദിവസം തന്നെ തിരുവനന്തപുരത്തു മടങ്ങി എത്തീട്ടുള്ള വിവരംകൂടി നോക്കേണ്ടതായിരിക്കുന്നു.

ഫ ഠ ൻന്യ ഇവാം ഫ ഭ- പദ്മനാഭപുരം ആശുപത്രി പരിശോധിച്ചിട്ട് അന്നുതന്നെ മടങ്ങി എത്തിയിരിക്കുന്നു.

ഫ ഠ ൻന്യ മകരം ന്യ- നെടുങ്ങോലം ഡിസ്പെൻസറിയും, കൊല്ലം ആശുപത്രികളും പരിശോധിച്ചു മടങ്ങിയിരിക്കുന്നു.

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[Mr. T. Kumara Pillai.]

ക ഠ൯ന്ന മേടം ഛ൯ന- പദ്മനാഭപുരം, കുലശേഖരം, നെയ്യാ റ്റിൻകര, ഈ ആശുപത്രികൾ പരിശോധിച്ചു മടങ്ങിയിരിക്കുന്നു.

ക ഠ൯ന്ന മിഥുനം ഛ൯ന- നാഗർകോവിൽ ആശുപത്രി പരി ശോധിച്ചിട്ടു മടങ്ങിയിരിക്കുന്നു.

ക ഠ൯ന്ന കർക്കടകം ഛ ങ്ക- പാറശ്ശാല, അരുമന, നെയ്യൂർ, മാത്താണ്ഡം, നെയ്യൂർ ലെപ്പർ അസൈലം ഈ ആശുപത്രികൾ പരി ശോധിച്ചിട്ടു മടങ്ങിയിരിക്കുന്നു.

ക ഠ൯ന്ന കർക്കടകം ന ഛ ന- കൊല്ലം വിക്ടോറിയാ ആശുപത്രി പരിശോധിച്ചിട്ടു മടങ്ങിയിരിക്കുന്നു.

ഇനി ക ഠ൯ ൈ-ലെ കഥയെപ്പറ്റി നോക്കാം. തിരുവനന്തപു രം ടൌണിനു വെളിയിൽ ഛ ന ഡിസ്പെൻസറി ആശുപത്രികൾ ഉള്ളതിൽ ൻ ൈ മിഥുനം ഛ ഠ ന- വരെയുള്ള ആശുപത്രികൾ മാത്രമെ ഓരോപ്രാ വശ്യം പരിശോധിച്ചിട്ടുള്ളൂ. ന ക ഡിസ്പെൻസറികൾ ഉള്ളതിൽ ര എണ്ണം മാത്രമെ പരിശോധിച്ചിട്ടുള്ളൂ. സാഹായികധനം വാങ്ങുന്ന ക ങ ആശുപത്രികൾ ഉള്ളതിൽ ന എണ്ണം മാത്രമെ പരിശോധിച്ചി ട്ടുള്ളൂ.

ക ഠ൯ ൈ-ൽ പുറമെയുള്ള ആശുപത്രികൾ പരിശോധിച്ചിട്ട് അ ന്നുതന്നെ മടങ്ങി എത്തീട്ടുള്ളതുകൂടി നോക്കാം.

ക ഠ൯ ൈ കുംഭം ക ഠ ന- പദ്മനാഭപുരം ആശുപത്രി പരിശോ ധിച്ചിട്ട് അന്നുതന്നെ മടങ്ങി തിരുവനന്തപുരത്ത് എത്തി.

ക ഠ൯ ൈ മേടം ന ക ന- മാത്താണ്ഡം, ആരുവാമൊഴി ഈ മി ഷൻ ആശുപത്രികൾ പരിശോധിച്ചിട്ട് അന്നേദിവസംതന്നെ മടങ്ങിഎ ത്തിയിരിക്കുന്നു.

ക ഠ൯ ൈ ഇടവം ന്യൂന- നാഗർകോവിൽ, ട്രിച്ചിനാപ്പള്ളി, കാത റൈൻ ബൂത്ത് ആശുപത്രി ഈ സ്ഥാപനങ്ങൾ പരിശോധിച്ചിട്ട് മട ങ്ങിയിരിക്കുന്നു.

ക ഠ൯ ൈ മിഥുനം ഛ ഠ ന- സമുദ്രതീരത്തുള്ള കുളച്ചൽ ആശുപ ത്രിയും, മലയോരത്തുള്ള കുലശേഖരം ആശുപത്രിയും പരിശോധിച്ചിട്ട് അന്നുതന്നെ മടങ്ങി.

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ഫ ൦ ൻ ൈ കക്കടകം നമ്പ- പാറശാല, കൊട്ടാരം, കന്യാകു മാരി ഈ ആശുപത്രികൾ പരിശോധിച്ചിട്ട് അന്നന്നതന്നെ മടങ്ങിയിരിക്കുന്നു.

ഫ ൦ ൻ ൈ കക്കടകം നമ്പ- അരുമന പോയി അവിടത്തെ ഡിസ്പൻസറി പരിശോധിച്ചിട്ട് അന്നന്നതന്നെമടങ്ങിയിരിക്കുന്നു.

ഫ ൦ ൻന്യ-ലും ഫ ൦ ൻ ൈ-ലും ഡർബാർ ഫിസീഷന്റെ സക്കീട്ടിലുള്ള പരിശോധന ജോലികൾ ഇങ്ങനെയാണ് കഴിഞ്ഞുക്രൂടീട്ടുള്ളത്.

മുമ്പെ ഇവിടെ ഡർബാർഫിസിഷന്മാരായിരുന്ന മാന്യന്മാർ അവരുടെ സക്കീട്ടുകൾക്ക് എന്തു ചിലവാക്കിവന്നിരുന്നു എന്നും ഇന്നത്തെ ഡർബാർഫിസിഷൻ എന്തു ചിലവാക്കിവരുന്നു എന്നും ഉള്ള കണക്കുകൾ ക്രൂടി പരിശോധിക്കേണ്ടതായിരിക്കുന്നു.

ഫ ൦ ൻ റ -ൽ ഡർബാർഫിസിഷന്റെ സഞ്ചാരപ്പടിക്ക് ഫ, ൭ വ ർ രൂപായും ഡർബാർഫിസിഷനോട്ട ക്രൂടി സക്കീട്ടുപോയിട്ടുള്ള സിൽബന്തികൾക്ക് ഒന്നുവ രൂപായും ചിലവായിരിക്കുന്നു.

ഫ ൦ ൻന-ൽ ഡർബാർഫിസിഷണ റ, ർ ൭ ൦ രൂപായും, സിൽബന്തികൾക്ക് ൈൻറ രൂപായും ചിലവായിരിക്കുന്നു.

ഫ ൦ ൻ ർ -ൽ ഡർബാർഫിസിഷണ ൻനൻ രൂപായും സിൽബന്തികൾക്ക് നമ ൭ രൂപായും ചിലവായിരിക്കുന്നു.

ഫ ൦ ൻ ൭ -ൽ ഡർബാർഫിസിഷണ ഫ ൭ ർ റ രൂപായും സിൽബന്തികൾക്ക് ഫനമ രൂപായും ചിലവായിരിക്കുന്നു.

ഫ ൦ ൻ ൭ മിഥുനം ഫ ഫ്ന- യാണ് ഡാക്ടർ ലക്ഷ്മണനെ ഡർബാർഫിസിഷനായി നിയമിച്ചിട്ടുള്ളത്.

ഫ ൦ ൻന്യ-ൽ ഡർബാർഫിസിഷൺ ഡാക്ടർ ലക്ഷ്മണൻ സഞ്ചാരപ്പടിക്കായി നൂന ർ രൂപാ ചിലവാക്കിയിരിക്കുന്നു. അദ്ദേഹത്തിന്റെ ക്രൂടി സിൽബന്തികളെ കൊണ്ടുപോകുന്ന ഏർപ്പാട് നിറുത്തുകയും അതിൽ പിന്നീട് ഇതുവരെ ആ ഇനത്തിൽ ചിലവില്ലാതിരിക്കയും ചെയ്യുന്നു.

ഫ ൦ ൻ ൈ-ൽ ഡർബാർഫിസിഷന്റെ സഞ്ചാരപ്പടിയിലെ ചിലവ് ന്യ ഫ ഫ രൂപായായിരുന്നു.

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[Mr. T. Kumara Pillai.]

ഫാൻവ്യൂ പുതുക്കിയ അടങ്കലിൻപ്രകാരം ഫ,൨൦൦ രൂപാ ചിലവാകുമെന്നു നിശ്ചയിച്ചിരിക്കുന്നു. ഡർബാർഹിസിഷന്റെ പരിശോധനകൊണ്ടും മരുന്നുകളെ തൂക്കിനോക്കുന്നതും രജിസ്റ്ററുകളെ പരിശോധിക്കുന്നതും ആണെന്ന് അത്ഥമാക്കുകയാണെങ്കിൽ അതും അദ്ദേഹം ചെയ്തുവരുന്നു എന്നാണ് പറഞ്ഞിട്ടുള്ളത്. മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിന്റെ അദ്ധ്യക്ഷനായ ഡർബാർഹിസിഷന്റെ സക്കീട്ടുകളിൽ ആശുപത്രികളെ പരിശോധിക്കുമ്പോൾ മരുന്നുകളെ തൂക്കിനോക്കേണ്ടതും രജിസ്റ്ററുകളെ പരിശോധിക്കേണ്ടതും അത്യാവശ്യമായിട്ടുള്ളതാണെന്ന് അദ്ദേഹം സമ്മതിക്കുന്നതാണ്. ഈ സംഗതികൾ മുഴുവനും ഡർബാർഹിസിഷൻ തന്നെ ചെയ്യാൻ സാധിക്കാത്തതുകൊണ്ടാണ് ആ ഉദ്യോഗസ്ഥന്റെ വിശ്വസ്തന്മാരായ കീഴ്സിൽബന്ധികളെക്കൂടി സക്കീട്ടിൽകൊണ്ടുപോയതു ന്നതു. ഡാക്ടർ ലക്ഷ്മണൻ ഡർബാർഹിസിഷണായതിൽ പിന്നീട് അദ്ദേഹത്തിന്റെ സക്കീട്ടുകളിൽ കീഴ്സിൽബന്ധികളെ കൊണ്ടുപോകുന്നതിലുള്ള ചിലവുണ്ടായിട്ടില്ലെന്നുള്ളതു കണക്കുകൾ തെളിയിക്കാവുന്നതാണ്. ഈ സ്ഥിതിയിൽ ഫാൻസ്യൂലും, ഫാൻഐലും ഡാക്ടർ ലക്ഷ്മണൻ നടത്തീട്ടുള്ള സക്കീട്ടുകളിൽ മരുന്നുകളെ തൂക്കിനോക്കുന്നതിലും രജിസ്റ്ററുകൾ പരിശോധിക്കുന്നതിലും എത്രത്തോളം തൃപ്തികരമായ ജോലികൾ നടത്തീട്ടുണ്ടെന്നുള്ളതു മേൽ വിവരിച്ച കണക്കുകൾ ഭംഗിയായി തെളിയിക്കുമെന്നുള്ളതുകൊണ്ട് അതിനെ പറ്റി ഞാൻ വിസ്തരിക്കേണ്ട ആവശ്യമില്ലാത്തതാണ്. ഡർബാർഹിസിഷന്റേയും അദ്ദേഹത്തിന്റെ സിൽബന്ധികളുടേയും സക്കീട്ടുകൾകൊണ്ട ആശുപത്രികളിൽ നിന്നും ഉദ്ദേശിച്ചിട്ടുള്ള ഫലം ജനങ്ങൾക്കു കിട്ടിവരുന്നപക്ഷം അതിലേക്കായി എത്രത്തന്നെ പണം ചിലവാക്കി എന്നിരുന്നാലും അതിനെപ്പറ്റി ആരുംതന്നെ ആക്ഷേപിക്കുമെന്നതോന്നുന്നില്ല.

ഡർബാർഹിസിഷൻ ഡാക്ടർ ലക്ഷ്മണന്റെ കഴിഞ്ഞതവണയുള്ള മറുപടിയിൽ മറെറാരു സംഗതിക്കൂടി പറഞ്ഞിട്ടുണ്ട്. അതായത്, ചികിത്സ സംബന്ധിച്ചോ, ശസ്ത്രക്രിയ സംബന്ധിച്ചോ, ഏതെങ്കിലും മെഡിക്കൽഓഫീസറന്മാർ ഡാക്ടർ ലക്ഷ്മണന്റെ സഹായം ആവശ്യപ്പെട്ടപക്ഷം അതു സാധിച്ചുകൊടുത്തുവരുന്നതായും തക്കലമെഡിക്കലാഫീസരായിരുന്ന മിസ്റ്റർ ജാൺ അവിടെ ഒരു ശസ്ത്രക്രിയ നടത്തുന്നതിനായി ആവശ്യപ്പെട്ടതായും ഡാക്ടർ ലക്ഷ്മണൻ അവിടെപോയി ആയതു സാധിച്ചുകൊടുത്തതായും പ്രസ്താവിച്ചിട്ടുണ്ടായിരുന്നു. തക്കല മെഡിക്ക

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ലാഫീസരായിരുന്ന മിസ്റ്റർ ജാൺ ഡാക്ടർ ലക്ഷ്മണനെ ശസ്ത്രക്രിയ ക്കായി ക്ഷണിച്ചതിനും അദ്ദേഹം അതിലേക്കു പോയതിനും പ്രേരിപ്പിച്ചതായ കാരണങ്ങളും അതിന്റെ ഫലം എന്തായിതീർന്നു എന്നുള്ളതും എനിക്കറിയാവുന്നതാണ്. ഇങ്ങനെ പലേ മെഡിക്കൽ ആഫീസന്മാരും ഡർബാർഫിസിഷണായ ഡാക്ടർ ലക്ഷ്മണനെ വിദഗ്ധാഭിപ്രായങ്ങൾ കിട്ടുന്നതിനായി ക്ഷണിച്ചുവരുന്നതും അദ്ദേഹം പോയിവരുന്നതും അതിനാൽ അവക്കുണ്ടാകുന്ന ഫലങ്ങളും എല്ലാവക്കും നല്ലപോലെ അറിയാവുന്നതാണ്. വിദഗ്ധാഭിപ്രായത്രുപത്തിലുള്ള സക്കീട്ടകം മെഡിക്കൽ വകുപ്പിലെ ഭരണത്തെ എങ്ങനെ ബാധിച്ചിരിക്കുന്നു എന്നുള്ള പരമാർത്ഥങ്ങൾ പറഞ്ഞുതുടങ്ങുന്നതായാൽ കഴിഞ്ഞതവണ മിസ്റ്റർ എം. എൻ. പിള്ളയോട് അദ്ദേഹത്തിന്റെ വാക്കുകളെ പിൻവലിക്കാൻ പറഞ്ഞമാതിരി എന്നോടും പറയേണ്ടിവരുമെന്ന് എനിക്കറിയാവുന്നതാണ്. എല്ലാ സംഗതികളിലും സത്യം തന്നെ പറയണമെന്നു കുട്ടിക്കാലങ്ങളിൽ പുസ്തകങ്ങളിലും പള്ളിക്കൂടങ്ങളിലും നിന്നു പഠിക്കയും പഠിപ്പിക്കയും ചെയ്തിട്ടുണ്ടെങ്കിലും, കുട്ടിക്കാലം കഴിഞ്ഞ് ലോകവുമായി ജീവിതമത്സരത്തിൽ ഇടപെടുമ്പോൾ തുറന്ന വ്യക്തയത്തോടുകൂടി സത്യം പറയുന്നതിൽ പലപ്പോഴും പലേ അവസരങ്ങളിലും അപകടങ്ങൾ ഉണ്ടായിത്തീരുന്നത് സാധാരണയായി കണ്ടുവരുന്നതാണ് എന്നിരുന്നാലും, നിഷ്കളങ്കമായ സത്യത്തെ ദൈവത്തിൽനിന്നും മറച്ചുവയ്ക്കുന്നതിന് ഒരാൾക്കോ, ഒരു ഗവർൺമെൻറിനോ സാധിക്കുന്നതല്ല. വിദഗ്ധാഭിപ്രായത്തിനായി ഡർബാർഫിസിഷൻ ഡാക്ടർ ലക്ഷ്മണനെ പലേ മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാരും ക്ഷണിച്ചുവരികയും, അദ്ദേഹം കണിശമായി ആയത് അനുസരിച്ചു വരികയും ചെയ്യുന്നതിനാൽ ജനങ്ങൾ അപരിമിതമായ സങ്കടങ്ങളും കഷ്ടങ്ങളും അനുഭവിച്ചുപോരുന്ന സംഗതി ഒരിക്കലും മറച്ചുവയ്ക്കുവുന്നതല്ല. ഇതിനുംപുറമേ, മനഃസാക്ഷിക്കു വിപരീതമായി വിദഗ്ധാഭിപ്രായത്തിന് ആവശ്യപ്പെടാത്ത മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാർ പലേ വഴികളിലും നീചമായ സങ്കടങ്ങൾ അനുഭവിക്കേണ്ടതായി വരുന്നു. ആലപ്പുഴ മിസ്റ്റർ എൻ. എ. മുഹമ്മദുകുഞ്ഞിന്റെ രോഗത്തെ കാണിക്കുന്നതിനായി അദ്ദേഹത്തിന്റെ ആളുകൾ ഡർബാർഫിസിഷൻ ഡാക്ടർ ലക്ഷ്മണനെ ആലപ്പുഴ കൊണ്ടുപോയി രോഗിയെ കാണിച്ചു വലുതായ ഒരു സംഖ്യ പ്രതിഫലമായി വാങ്ങിയതിൽപിന്നീട് അതേ വാഹനത്തിൽ അതേ ആളുകളോടുകൂടി അമ്പലപ്പുഴ ആശുപത്രി പരിശോധിച്ചുകഴിച്ചു മടങ്ങിട്ടുള്ളതായും, അതിലേക്ക് അദ്ദേഹം ഗവർൺമെൻറിൽനിന്നും മൈലേജും പടിയും വാങ്ങിട്ടു

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ള്ളതായും അറിയുന്നതു വാസ്തവമാണെങ്കിൽ അതിനെപ്പറ്റി എന്താണ് പറയേണ്ടതെന്നറിയാതെ ഞാൻ വിഷമിക്കുന്നു.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I object to that statement. That is false. I would ask him to withdraw.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): It was only hearsay. I only said that, *if it was so*, it was not desirable.

PRESIDENT: You may note it down and reply.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavanked*): ഡർബാർ ഫിസിഷൻ ഡാക്ടർലക്ഷ്മണൻ ഒരു ചികിത്സകന്റെ നിലവിട്ടിട്ട് ഇപ്പോൾ പല വർഷങ്ങൾ കഴിഞ്ഞിരിക്കുന്നു എന്നും ഇപ്പോൾ അദ്ദേഹം "Consultation" practice മാത്രമെവച്ചിട്ടൊള്ളു എന്നുമാണ് കഴിഞ്ഞതവണ ഈസമയം അദ്ദേഹം പറഞ്ഞിട്ടുള്ളത്. മെഡിക്കൽ ഡിപ്പാർട്ട്മെന്റിലെ അദ്ധ്യക്ഷനായ ഡർബാർഫിസിഷൻ കൺസൾട്ടേഷൻ പ്രാക്റ്റീസ് എന്നുള്ള നാമധേയത്തിൽ ൫൦൦-ം ൧൦൦൦-ം രൂപാവീതം ജനങ്ങളോടു വാങ്ങുകയും ഡർബാർഫിസിഷന്റെ സക്കീട്ടിനെ അതിലേക്കായി വിനിയോഗിക്കയും ചെയ്യുന്നതായാൽ ജനങ്ങൾ അമ്പരന്നുപോകാതെ തരമില്ല. മരിക്കാനായി ശ്വാസം വലിച്ചു കിടക്കുന്ന രോഗിയെ കാണുകയും ആ രോഗിക്കുവേണ്ടി ഒരുതുള്ളി മരുന്നുപോലും കൊടുക്കാൻ സാധിക്കാതേയും വരുന്ന അവസരങ്ങളിൽ കൺസൾട്ടേഷൻ പ്രാക്റ്റീസ് എന്നുള്ള നാമധേയത്തോടുകൂടി ഭീമാകൃതിയിലുള്ള തുകകൾ ജനങ്ങളോടു വാങ്ങുന്നത് ആ സ്ഥാനത്തിന് ഒരിക്കലും അലംകാരമായി തീരുന്നതല്ല. ഇത്തരം കായ്ങ്ങൾക്കായി നടത്തിവരുന്ന ഡർബാർഫിസിഷന്റെ സക്കീട്ടുകൾക്ക് ഗവർൺമെന്റിൽ നിന്നും ഒരിക്കലും പണം അനുവദിച്ചുകൊടുപ്പാൻ പാടില്ലാത്തതാണ്.

ഡർബാർഫിസിഷൻ അദ്ദേഹത്തിന്റെ സക്കീട്ടുകളേയും പരിശോധനകളേയുംപറ്റി ഇങ്ങനെ പറഞ്ഞിരിക്കുന്നു:

"After all, hospitals are meant primarily and mainly for relieving the suffering and curing the sick; and my inspection is with a view to know the quality of work and to determine whether medical subordinates are doing their professional work properly, for checking which I have devised ways and means."

അദ്ദേഹം പ്രസംഗിച്ചിട്ടുള്ള ഈ തത്വത്തെ എല്ലാജനങ്ങളും രാഷ്ട്രമായി ബഹുമാനിക്കുമെന്നുള്ളതാണ്. പ്രസംഗിച്ചതായ ഈ തത്വം അദ്ദേഹത്തിന്റെ സക്കീട്ടുകൾകൊണ്ട് പ്രവൃത്തിയിൽ വരുത്തണമെന്നുമാത്രമേ ജനങ്ങൾ വാദിക്കുന്നുള്ളു. ഓരോദിവസവും ചെല്ലുന്തോറും പ

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ലേആശുപത്രികളിലും ഈ തത്വത്തിനു വിപരീതമായിട്ടാണ് ഇപ്പോൾ നടന്നുവരുന്നത്. ചില ആശുപത്രികളിൽ നല്ലമരുന്നു കിട്ടണമെങ്കിൽ പണംകൊടുക്കാതെ സാധിക്കയില്ലെന്നു വന്നിരിക്കുന്നു. ഇങ്ങനെയാണെങ്കിൽ ഡിസ്പെൻസറിസിഷന്റെ സൃഷ്ടികൊണ്ടു എന്തു പ്രയോജനമാണുള്ളതെന്നറിയുന്നില്ല. ആശുപത്രികളിൽ കിടക്കുന്ന രോഗികളിൽ പണംകൊടുത്തിട്ടുള്ളവരെ താല്പര്യമായി നോക്കുകയും സാധുക്കളെ നോക്കാതിരിക്കയും ചെയ്യുന്നതായാൽ ആശുപത്രിയുടെ ഉദ്ദേശം സാധിക്കാതെ വരുന്നതാണ്. രോഗികളായി വരുന്ന സാധുക്കളെ വേണ്ടപോലെ നോക്കി രോഗത്തിനു തക്കവണ്ണമുള്ള മരുന്നുകൾ കൊടുത്തു കഴിയും വേഗത്തിൽ അവരെ ഭേദപ്പെടുത്തി അയയ്ക്കാത്തപക്ഷം അവരുടെ കുടുംബങ്ങൾ പട്ടിണിയായി പോകുമെന്നുള്ളതു പലേ മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാരും മറന്നുകളകയാണു ചെയ്തിട്ടുള്ളത്. ദിവസേന വേലചെയ്തു വൈകുന്നേരം പണം കൊണ്ടുവന്നു കൊടുക്കുന്ന ആൾ രോഗിയായി ആശുപത്രിയിൽ കിടന്നുപോയാൽ ആ കുടുംബത്തിന്റെ സ്ഥിതി എന്തായിത്തീരുമെന്നുള്ളതു പറയാൻ സാധിക്കുന്നതല്ല. വേണ്ടപോലെ അന്വേഷിക്കാതേയും, നല്ല മരുന്നുകൾ കൊടുക്കാതെയും ആശുപത്രിയിൽ കിടക്കുന്ന സാധുക്കൾക്ക് അവിടെനിന്നും കൊടുക്കുന്നകഞ്ഞിയിൽ ഒരു ഓഹരി സൂക്ഷിച്ചുവച്ചിട്ട്, അവരുടെ സ്ഥിതികളെ അറിയാൻ അന്വേഷിച്ചുവരുന്ന കുട്ടികൾക്കു കൊടുക്കുന്നത് എനിക്കു കാണാൻ ഇടയായിട്ടുണ്ട്. ഈ കാഴ്ച ഹൃദയമുള്ളവർക്കു കണ്ടുസഹിക്കാൻ സാധിക്കുന്നതല്ല. സാധുക്കളെ സംബന്ധിക്കുന്നതായ രക്ഷാമാർഗ്ഗങ്ങളെപ്പറ്റി അന്വേഷിക്കാൻ സാധിച്ചില്ലെങ്കിൽ ഡിസ്പെൻസറിസിഷന്റെ സൃഷ്ടിനാലുള്ള പ്രയോജനം എന്താണെന്നറിയുന്നില്ല.

ഒരു ഡിസ്ട്രിക്ട് ആശുപത്രിയിൽ ഒരാളെ ഹൈഡ്രോസീൽ ശസ്ത്രക്രിയനടത്തി ഇട്ടിരുന്നു. ആ ശസ്ത്രക്രിയ നടത്തി രണ്ടു ദിവസം കഴിഞ്ഞപ്പോൾ അയാളുടെ കൈയിൽ പണമുണ്ടെന്ന് ആരോ മെഡിക്കൽ ആഫീസരെ പറഞ്ഞു മനസ്സിലാക്കി. അതിൽപിന്നീട് അഴിച്ചുകെട്ടുകയോ മരുന്നുകൾ വയ്ക്കയോ ചെയ്യാതെ മുഴുവൻ പഴുത്ത് രോഗി അപകടസ്ഥിതിയിലായി. ആ രോഗി മെഡിക്കൽ ആഫീസരോട് സങ്കടം പറഞ്ഞപ്പോൾ അയാൾ മരിക്കണമെന്നുദ്ദേശിച്ച് അങ്ങനെ ചെയ്യുന്നതാണെന്നും, പണം തന്നില്ലാതെ ഭേദമാക്കുകയില്ലെന്നും ശഠിക്കയാൽ അയാളുടെ ഭാര്യയുടെ ആഭരണങ്ങൾ പണയം വച്ച് മെഡിക്കൽ ആഫീസർക്കു പണം കൊടുത്തതിൽ പിന്നീടാണ് രോഗിയെ വേണ്ടപോലെ ചികിത്സിച്ച് ഭേദപ്പെടുത്തീട്ടുള്ളത്. ചില മെഡിക്കൽ ആഫീസർന്മാർ ഇങ്ങനെ

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[Dewan Bahadur Dr. P. N. Lakshmanan.]

ആയിത്തീരുന്നതിനുള്ള കാരണം, അതിലേയ്ക്ക് അവരെ പ്രേരിപ്പിച്ചിട്ടുള്ള കാരണം, ഡർബാർഫിസിഷന്റെ സക്കീട്ടുകളിൽ അത്തരം കാര്യങ്ങളെ അനേഷിച്ച് പരിഹരിക്കാതിരിക്കാനുള്ള കാരണം, ഇവയെപ്പറ്റി നിഷ്കൃഷ്ടമായ അനേഷ്ണങ്ങൾ നടത്തി ആശുപത്രികളുടെ ഉദ്ദേശത്തെ പരിപാലിക്കേണ്ട കാലം അതിക്രമിച്ചിരിക്കുന്നു.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Sir, I am afraid I cannot begin at once answering all the allegations and charges categorically. Before I proceed to do so, I must clear my ground in order to make the member understand what we are talking about. Just before this, we spoke about development and yesterday with regard to agriculture, we spoke about evolution which word I heard mentioned about twenty-four times. From this I infer that the Members of this house understand the true significance of the terms, development and evolution, the latter of which we owe to the genius of Darwin for its introduction into biological science. And since then it has become applicable to other phases and departments of life. All human institutions, social, religious and political, have had some great underlying principles. In course of time, these principles became submerged and got lost sight of by the growth of accretions until some great man after a lapse of perhaps centuries arose and gave a proper setting to these original principles, otherwise the accretions became crystallised into traditions and customs and meaningless forms. This has been the case in all departments of life. Hospitals and similar institutions were originally established with the noblest of motives to cure diseases and relieve suffering. I want prominently to bring to the attention of the members of this House that there is such a thing as evolution in all departments of life; and taking, for example, the figure which Mr. Hodgson drew from military organisation, we know that there were days when kings and princes took the lead in wars and the agility and prowess of the kings in the use of arms decided the issue of battles. After the invention of gunpowder and after the development of arms and ammunition, the king does not lead the army. The general is behind, miles off in a tent or dug-out, with his hands manipulating the wireless telephone and telegraph issuing orders by these means to those actually engaged in the scene of action.

MR. K. PARAMESVARAN PILLAI (*Tiruvalla*): Is all this relevant, Sir?

PRESIDENT: Absolutely relevant, I would say.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Later on, suffocating gases and blistering fluids have added other factors to be contended against.

In regard to the Medical Department--hospitals and similar institutions—we shall see what they were then and what they are now. Hospitals were first infirmaries, institutions into which were admitted the sick

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and the feeble, the old and the decrepit. Later on, we find special institutions for the relief of the sick and the suffering. Later still, they specialised still more and hospitals for women and maternity hospitals came to be established.

With regard to the hospitals, how they were manned about thirty years ago and how they are manned now, is a question that has to be considered. Thirty years ago every medical subordinate was a locally trained man. Now we have a better class of trained men, men who are trained in universities and who have had better general education ; and whatever might have been the practice years gone by, at present, we have a staff of men, of whom we have no suspicion to begin with, of whom we do not presume at the outset that they are dishonest. We naturally presume that, being well-qualified men, they are honest.

When I begin to check the medicines and drugs I do not go from A to Z one after another to weigh, measure and check every article that has been supplied. I examine at random. I examine here and there some of the most important and costly drugs. Because the officers I deal with in my department are mostly University men and I presume that they are honest until the contrary is proved.

MR. M. N. PILLAI (*Trivandrum*): How many hours does he take for the inspection of each institution ?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I will come to that. Communications and conveyances are entirely different from what they were 20 to 30 years ago. Formerly, we had to travel in boats and it would take two days, or 36 hours in the least, to go from Trivandrum to Quilon. It would take nearly a week to go to Parur. Whenever the Darbar Physician moved, he was forced to have two camps, one for his servants and luggage and another for himself. The servants had to go in advance in order to prepare food and other things for the Darbar Physician. The roads and communications have considerably improved; and while it took three days to reach Kottayam, now it takes less than six hours.

The Darbar Physician is, further, not merely an inspecting officer. He does much more than that. He is a directing officer as well.

Further there was no such thing as nursing in those days. I know when nursing was introduced. I may humbly claim my own share towards the introduction of nurses into Travancore as part of the medical staff. In 1904 or 1905, I spoke to Mr. Madhava Rao the then Dewan and to the Darbar Physician and the Bishop of Quilon about the introduction of nurses in our hospitals and in 1905 nurses were employed for the first time both in the Quilon Hospital and Trivandrum. Since the time of Florence Nightingale, that profession has been sanctified, and no hospital without a well-organised nursing staff is worth the name, for in the treatment of the sick and suffering nursing plays at least fifty per cent. towards cure and restoration to health. Further, the Darbar Physician has not merely to check, weigh and

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[Dewan Bahadur Dr. P. N. Lakshmanan.]

see whether the drugs are in order in various hospitals. How many of you can tell me that the medical officers presiding in the out-patients' room and writing prescriptions are actually doing their work without cheating? A medical officer—as soon as he sees the patient—if it is a case of fever, may be seen at once to prescribe diaphoretic mixture; if one of dysentery, creta mixture. He does not examine properly and still people might be satisfied. I ask now, how all this is to be checked? Have you tried to find what the Darbar Physician has done for that. I have instituted a system which is not in vogue even in most other parts of India and that is a system by which the work can be checked, not merely checked, but considerably improved. The medical officer, in the larger institutions at least, has to note down the important signs and symptoms that he finds in the patient and then prescribe. There are various advantages in this system. First of all, when the inspecting officer comes and checks he might find whether the diagnosis is sufficiently warranted by the symptoms. Secondly, supposing the out-patient medical officer is suddenly transferred and another man takes charge instead, by merely looking at the ticket he could understand the real state of health of the patient. He should have some data. These he can get according to the present system. Thirdly, every man who succeeds will be a check on the work of his predecessor. Fourthly, this system does something greater also. The out-patient usually walks into the out-patient room and sits there for a couple of minutes. He has to be examined, and a prescription has to be made. All this has to be done as quickly as possible. I have arranged that only men of experience must sit at the out-patients' room. He must prescribe for them. He must always have his wits about him. He must be able to diagnose with the quickness of lightning.

It was then alleged that in-patients are not being properly attended to. Sir, there are the ward medical men and the nurses to look after them. There are the warders also. That is not the case with the out-patients. The out-patient walks in and walks out in a few minutes. I may draw the attention of the House to a circular that I have issued on this subject. What is of interest to the scientists in the rest of the world is the out-patient department. The greatest work of the highest scientific value can be done in the out-patient department.

MR. M. N. PILLAI (*Trivandrum*): Will Dr. Lakshmanan tell us what the system adopted in the out-patient department of the General Hospital is?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I mentioned that this system has been introduced in the larger hospitals. So far as I know, this system is in vogue in the General Hospital.

MR. A. HOOGEWERF (*Nominated*): Is there not any chance of making false entries also?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Quite so. I must tell you that it is due to a misunderstanding of the

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exact nature of the work of the Darbar Physician that these charges have been brought forward. Therefore I had to clear the ground with these general observations.

The tendency of modern treatment is not to *cure* alone but to *prevent* as well. In the out-patient department, the medical officer has to find out what the beginnings of diseases are which is of the highest scientific and practical value. With regard to what has been done in the out-patient department, it is that which I call the direction by the Darbar Physician.

MR. M. N. PILLAI (*Trivandrum*): I wish to know whether a medical officer who is in charge of the out-patient department can attend to 200 or 300 patients daily without the help of another man.

PRESIDENT: How does it arise?

MR. M. N. PILLAI (*Trivandrum*): The system in the General Hospital is that one medical officer has to prescribe for 200 or 300 persons without any help. I ask, is it possible for one man to examine and diagnose about 200 or 300 persons attending in the morning?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): It is possible for a single man to prescribe even for 500 persons in a day, if necessary. My instruction is that only new patients are to be examined every day by the senior medical officer in charge of the out-patient department. The same patient is seen by the senior officer only once a week. On the other days, the assistants look after him as he has only to repeat the medicines.

MR. M. N. PILLAI (*Trivandrum*): May I ask how many minutes he will take to examine, diagnose, and prescribe for a single patient if he does his work carefully?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): It may take half a minute. It may even take half a year. As soon as he sees the patient, he will be able to find out the disease in some cases.

MR. M. N. PILLAI (*Trivandrum*): I want to know—

PRESIDENT: We cannot carry on arguments here.

MR. M. N. PILLAI (*Trivandrum*): No argument, Sir. I want to bring to the notice of the House—

PRESIDENT: You can not do so now. You can do it in your speech.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): The ideal in regard to hospital administration work is efficiency—how far patients obtain relief. It is towards that end that my work has been concentrated. If my work is to be judged by the number of days I am absent from Trivandrum or from the number of miles I have travelled, I am afraid, I must plead guilty.

As regards the amount spent on account of travelling allowance, I am afraid the figures quoted by Mr. Kumara Pillai and those of myself

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[President.]

do not tally. In 1093, the Darbar Physician had Rs. 1,800 and he spent Rs. 2,497. The establishment had Rs. 400 and they spent Rs. 791-14-0. I am not in possession of the figures to go on with.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): May I bring to the notice of the President that we are trenching upon the usual time for tiffin?

PRESIDENT: I think we may rise at 2-30 P. M.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): It is already half past two. If Dr. Lakshmanan would halt at a particular point, we may resume after lunch.

PRESIDENT: The House will now adjourn to meet again at 3-15 P. M.

The Council adjourned for lunch at 2-30 P. M. and re-assembled at 3-10 P. M.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): At the end of my speech, I endeavoured to show that mere touring does not constitute the full duties of the Darbar Physician. His chief duty is direction. Direction cannot be explained, except by illustration, to a lay audience. For example, I have gone through thousands of operations in the annual returns; and from them I analysed and tabulated over 400 cases of which more than 80 per cent. were unwarranted and unjustifiable. This is not the place for me to make a disclosure of the skill or ability of the officers of my department or the usefulness of the work done by me. For example, in the case of women in labour our men are not quite up to the mark, but the training that they have had—

MR. M. N. PILLAI (*Trivandrum*): I wish to know from Dr. Lakshmanan—

PRESIDENT: Will you please allow him to finish that sentence?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): The training that they have had in practical midwifery has not been sufficient in its practical side because they have not been given sufficient scope in a lying-in hospital in the state.

MR. M. N. PILLAI (*Trivandrum*): I want to know whether there were any cases of ordinary labour in which the medical men were found incapable of giving relief to the patient, and if so, what steps were taken by the Darbar Physician in such cases.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Ordinary cases of labour do not require medical men. An ordinary midwife will do.

MR. M. N. PILLAI (*Trivandrum*): What I said was, in difficult cases of labour—

PRESIDENT: You did not say so.

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MR. M. N. PILLAI (*Trivandrum*) : I meant that. In difficult labour cases, when a medical man was taken and when it was not possible for him to give relief to the patient, what action has the Darbar Physician taken, if the case had been reported to him ?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I have had no reports about that. But I have had opportunities of correcting even specialists.

Further, the Darbar Physician's duties do not end there. In my surprise visits, I have had opportunities to correct medical men. In one case I stepped into an operation room when an operation was being conducted. The abdomen was opened. An important organ was being tied to the abdominal wall and the organ was literally strangled. It is a well-known phenomenon that, when a finger is tied, circulation is stopped and the finger literally dies. As soon as I saw that, I asked him what was the case and why he should conduct that operation when there were simpler ones. I asked him whether he had examined local conditions. He blinked and looked at the nurse and the nurse looked at him. By the time the operation was finished, the organ was strangled ; and the patient left the hospital some days later. I do not know how long the patient continued to live. Anyhow the patient left the hospital unsexed.

MR. M. N. PILLAI (*Trivandrum*) : I want to ask another question, if you would allow me.

PRESIDENT : You have a right to put questions. The only thing is that I must in fairness give sufficient time to Dr. Lakshmanan to reply to all the charges against him.

MR. M. N. PILLAI (*Trivandrum*) : He has already exceeded the time.

PRESIDENT : The charges alleged are very serious and they require full explanation.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*) : A charge levelled against me is, Sir, that I do not take with me my establishment and peons for weighing and measuring drugs. That is because I do not depend on them. They are laymen. Even if a bottle full of coloured water is given them, they may measure it and be satisfied. I cannot trust them.

MR. A. HOOGEWERF (*Nominated*) : Are not the medicine-bottles labelled ?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*) : What has the label got to do with the quality of the medicine? The contents might be coloured water. (*Laughter.*)

The point is, I am not in a position to trust even my clerks until they prove trustworthy. I begin to trust them only after two or three years' experience with them. Most of these subordinates are not often honest. Even the duffadar might go and squat on the medical officers and demand articles for his own personal use. So, I do not take my establishment with me when I go and check the various hospitals.

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[Dewan Bahadur Dr. P. N. Lakshmanan.]

The next point is about my fees. I am sorry, Sir, that that subject has been brought up here in an assembly where there are many professional gentlemen of eminence. I need hardly say that, as regards consultation, each man should be allowed to demand his own rate. This is a country where there are many doctors. It is only when I am called for that I offer my services. In a medical conference held under the presidency of Mr. Madhava Row, two senior members of my fraternity were present besides the Darbar Physician and myself and the seniormost, if I may be permitted to use that word, the seniormost member pleaded for the regulation of fees for Surgeons because he said "Dr. Lakshmanan's charges are very high but I get only Rs. 5". Mr. Madhava Row said "people who care for superior medical aid must be prepared to pay such fees for such aid".

I am surprised, Sir, that gentlemen like Mr. Kumara Pillai should depend upon hearsay to make statements in this House which are not true. As to another paying for my travelling expenses and my claiming T. A. from Government, I have already told the House that this is not true.

It is said that medical men—I do not know whether I understood Mr. Kumara Pillai aright—who came to me for professional consultation have been benefited by the consultation. If that statement is made in a sinister way I would challenge that statement, if it can be proved whether any single medical man who consulted me was any the better for it in the Department.

Another charge levelled against me is that the medicines supplied to the hospitals are not good. Sir, the term 'good' is a relative term. What I call good, another might call bad.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): I have not said anything about that.

I spoke only about people being forced to pay when they go to hospitals for treatment.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): As regards the fact that only people who can afford to pay can get medicine in hospitals, that is only a personal factor which depends upon individual medical men. It is impossible for the Darbar Physician to know whether all the medical officers are honest or not. If any case is brought to the notice of the Darbar Physician, certainly he will take immediate action against such people. It was also said that some medical officers do not look after those who do not pay. These facts have not come to my notice. If such cases were reported to me, such medical men would have paid the penalty for it. It must be conceded that in a large department where such a large number of people are engaged, certainly there will be some who are dishonest. We are sure to find black sheep in every flock.

Another charge against me was that I have been rushing through inspections at the end of the year. It is not with any deliberate purpose

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that I rush through my inspections at the end of any year. As far as possible, consistent with the other duties that I have to discharge, I am conducting various inspections. There is no definite time allotted to me for inspection work. That I remedy by making surprise visits. Nobody knows which hospital I am going to visit and at what time. I do not think I will be justified in staying away outside leaving more important duties at the Capital. It must be remembered that I am also physician to the Darbar and that I may be called upon at any moment. I think, I have answered all the points.

MR. M. N. PILLAI (*Trivandrum*): In supporting the motion, I have to speak a few words. We have heard with very great interest the speech made by Mr. T. Kumara Pillai on this motion. He has explained in plain words with convincing facts and figures the nature of the Darbar Physician's inspections of the medical institutions and the supervision he exercises over the work of his subordinates. This House should thank the member for exposing the hollowness of his inspection work. His explanation is not at all satisfactory. What does this show? The T. A. and the remunertion from private practice seem to have been kept in view. There is no adequate return, in the shape of efficient and sympathetic administration of medical relief, for seventeen or eighteen thousand rupees which every year the taxpayer is called upon to provide for his pay and allowances.

Sir, last year, I brought to the notice of this Council the careless way in which the Darbar Physician was inspecting the medical institutions under his charge and his apparent unwillingness to move about the country for inspection work, the frequent transfers of a few of his subordinates and several other departmental irregularities.

My friend Mr. P. K. Narayana Pillai, said, in this Council last year, when I moved, for a reduction in the allotment of the Medical Department, that I am a simple credulous man and the House need not take the matter seriously and that it was unseemly to discredit the Darbar Physician's statements. Now our veteran member, Mr. T. Kumara Pillai, has given you a lucid description of the Darbar Physician's inspection of the medical institutions. I hope no one would dare to controvert the statements now, coming as it does from Mr. T. Kumara Pillai who is reputed to be a man of facts and figures. I hope the Darbar Physician will move about more freely in future for inspection work throughout the State. With these words, I support the motion.

MR. J. JOHN NIDIRY (*Changanachery cum Minachil*): I wish to speak a few words in this connection. I have just listened to the remarks made by my friend Mr. Kumara Pillai and Dr. M. N. Pillai, especially with regard to the inspection work of the Darbar Physician. Of course, my experience is rather very limited. But with that little experience, I beg to take a different view about the results of the inspections. Perhaps some of my friends here may know that I live almost next door to the Kottayam District Hospital; and for the information of the House, I may say that some of the surprise inspections

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[Mr. J. John Nidiry.]

made by the Darbar Physician had a very wholesome check on the subordinates at Kottayam.

Mr. M. N. PILLAI (*Trivandrum*): I wish to know from Mr. Nidiry how many times the Kottayam Hospital was inspected during the year 1098.

Mr. J. JOHN NIDIRY (*Changanachery* cum *Minachil*): I think twice or thrice. I am not quite sure.

Dr. M. N. PILLAI (*Trivandrum*); May I ask how many hours the Darbar Physician might have taken for each inspection?

PRESIDENT: It does not arise here.

Mr. J. JOHN NIDIRY (*Changanachery* cum *Minachil*): He took about one day for each inspection.

On enquiry, I was told that one day the Darbar Physician suddenly appeared in the hospital at 6-30 in the morning. In fact very few people were present, so much so that it was only at about seven that even the peons and attendants came there and it was only at about eight that the medical Officers came there. By that time, the patients who came there were attended to and prescriptions were given by the Darbar Physician himself. The medical officers had to stand by, rather ashamed of what was going on in the hospital. The Darbar Physician continued to prescribe till 10 o'clock and then turned that side and had a mere look on the medical officers which, I am sure must have had a wonderful effect on the officers concerned. My impression is that these suprise inspections produce very good results.

Mr. M. N. PILLAI (*Trivandrum*): Does Mr. Nidiry want us to understand that prescribing for a few patients who came to the hospital between six and ten one morning amounts to an inspection of the hospital?

PRESIDENT: It is a matter for inference.

Mr. J. JOHN NIDIRY (*Changanachery* cum *Minachil*): These surprise visits have a very wholesome effect on the subordinate officers; because, if he had given previous information that he was going to inspect, they would all be ready to meet him in time and he will not be able to find the real state of affairs. So far as Kottayam is concerned, the surprise visit had good effect, and I was very glad to note that medical officers used to attend the hospital more precisely, and also did their work with greater care and attention. By such examples, Dr. Lakshmanan was able to produce such wholesome effect on the subordinates.

As regards the number of visits of the Darbar Physician, I also would wish, as some of my friends have already stated, that the Darbar Physician visits the various places in the State oftener. But considering his ability and his busy practice and also his duties at the Capital, we

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cannot expect him to find time for continuous and long inspection work though it would have been a *desideratum*.

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated*) (*Dcpu'y President*): In rising to oppose the motion, I wish to confine myself to one aspect of the question that was raised by Mr. Kumara Pillai, *i. e.*, as regards the very heavy fees that Dr. Lakshmanan levies as professional fees. I am not competent to enter into the merits of the controversy that my friend Mr. M. N. Pillai has raised with reference to the satisfactory nature of the inspections done by Dr. Lakshmanan. He is perfectly competent to vindicate his position, and I have no doubt that he has done it to the satisfaction of the House.

In the matter of charging professional fees, ordinarily the status of a particular member in his profession, the time at his disposal, the number of parties that come up for his professional help, these are the factors that determine the amount of fees that one charges for professional help, whether he is a lawyer or a medical man. It always struck me that, whatever the layman might think of it, the members of the profession generally view with approbation seniors charging heavy fees, as otherwise the juniors have no chance of getting any fees. Taking the case of Alleppey, my own station, I may say that they view with great appreciation the fact that I am claiming very heavy fees, even prohibitive fees. From the fact that a man is charging heavy fees, we would not be justified in saying that he is transgressing limits. No limit is laid down to the demand of a professional expert in the matter of remuneration. It is a matter entirely between him and his clients. If a Government officer devotes a good deal of his time for putting money into his own pocket sacrificing his legitimate duties, I can understand the reasonableness of the complaint. So far as the traditions of the Medical Department are concerned, any medical officer, whether Darbar Physician or a subordinate, is perfectly competent to receive any amount as fees for the professional help that he renders. The demand made by a professional man ought not to be taken as an offence, even if it be in the case of the Darbar Physician. With these remarks, I oppose the motion.

MR. A. HOOGEWERF (*Nominated*): Sir, I quite see the viewpoint of the Deputy President, but the analogy is not quite correct. He is charging higher fees than another vakil in order to give a chance to the junior vakils. It is not quite the same as the Darbar Physician charging high fees. What I want to point out is that it is not the proper thing for the Darbar Physician to carry on private practice. I have always said that, and I say so once again, Dr. Lakshmanan is an asset to our State. We are proud to have such an eminent physician and doctor in our country. That is another question.

I have some personal experience about the hospitals here. I had one of my sons treated in the General Hospital a couple of years ago. We had continually to buy medicines, but I am glad to hear that matters are now improving.

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[Mr. S. Subrahmanya Karayalar.]

With regard to the X-ray, the X-ray attached to the General Hospital here—

PRESIDENT: That does not arise here. This motion relates to the T. A. of the Darbar Physician.

MR. A. HOOGEWERF (*Nominated*): With regard to the T. A., I am not satisfied with the explanation given by Dr Lakshmanan. If Dr. Lakshmanan goes from, say, Trivandrum to Nagercoil, he does not, it would appear, inspect the intermediate hospitals. I am not quite convinced that he is not able to go out on circuit often, on account of his work at the Capital. These are days of easy and quick travelling; and if his services are wanted here, a telegram might be sent to him and he can at once come back in his motor car. I am not at all satisfied with his explanation.

MR. W. H. PITT (*Commissioner of Police*): Supposing a telegram is sent to the Darbar Physician, is he expected to spend his time on the way back by visiting various hospitals? (*Laughter.*)

MR. A. HOOGEWERF (*Nominated*): Dr. Lakshmanan just told us that when he goes to the mofussil towns to visit patients, he does not charge travelling allowance. My point is that T. A. which goes from the Government exchequer should be properly spent. Rushing up to one place and returning on the same day is not the proper thing to do. He must do justice to his work by inspecting the hospitals carefully and see whether the patients are being looked after and so on. When I asked Dr. Lakshmanan the question whether medicine bottles were labelled, he said that they were, but that the contents might be coloured water. He just said that the medical officers in charge of hospitals were mostly highly qualified men and men who could be trusted. If Dr. Lakshmanan can trust them with regard to the quantity of the medicine, I do not see why he could not trust them with regard to the quality of the medicine also.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Mr. Hoogewerf asked why the clerks taken to camp could not be used for checking and weighing the medicines. The clerks cannot distinguish between medicines and coloured water.

MR. S. SUBRAHMANYA KARAYALAR (*Pattanapuram cum Shencottah*): I oppose the motion and in so doing I should like to make the following observations.

Sir, I was extremely glad to hear from the motion of my friend Mr. Kumara Pillai that the Darbar Physician used to attend several hospitals during the day and return to the Capital on the same day. While Mr. Kumara Pillai condemned the Darbar Physician, I congratulate him for returning to the Capital on the same day, for the Darbar Physician has more onerous work to be performed with respect to the person of His Highness the Maha Raja—for His Highnesss, especially in his venerable old age, may call upon the Darbar Physician for service

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at any time; and for the Darbar Physician to be away from the headquarters for a considerable time is not a desirable state of affairs. He is a Darbar Physician and as such we are bound to allow the Darbar Physician to attend upon His Highness the Maha Raja as often as possible, and if the House insists upon the Darbar Physician to do more of touring work, we have to provide a separate doctor as the head of the Medical Department and not to blame the doctor for being in the headquarters to attend the call of His Highness the Maha Raja.

MR. M. N. PILLAI (*Trivandrum*): Will Mr. Karayalar tell me whether there is not a surgeon newly appointed to attend on His Highness the Maha Raja?

PRESIDENT: I would deprecate all discussion in regard to His Highness.

REV. FR. KURIAKOSE VETTIKKAPALLI (*Todupuzha* cum *Kunnatnad*): Sir, with regard to the remarks made by Mr. Kumara Pillai, I would only say about the inspection work of the Darbar Physician of the northern hospitals, *viz.*, those at Alwaye, Perumpavur and Todupuzha. It is true his visits are very rare, but they are very effective, especially the visits made to Alwaye hospital of which I have personal knowledge. As far as I know, they are very thorough and he even got information from patients and from people generally. So he has been making a thorough enquiry and the inspection has been satisfactory.

As regards the fee which he demands, I would support what Mr. Krishna Aiyangar said, that as long as he does not thrust his services and as long as he is allowed private practice, he can dictate his own terms. As regards the preferential treatment accorded to patients in the hospitals, I must echo what my friend, Mr. Kumara Pillai, has said. At least some of the medical officers, I know, generally do that. It is only when they are properly paid that the patients get proper medicines.

MR. T. K. VELU PILLAI (*Trivandrum* cum *Nedumangad*): Sir, our hospitals are good. But we want to make them better. The medical department is efficient. But I would like that it becomes still more efficient; and I think it is with that object that Mr. Kumara Pillai has brought forward his motion. It is not for me, Sir, to enter into the merits of the accusation and defence. This House has been in possession of several facts and figures so as to enable us to come to a conclusion. About some of these matters, I wish to say a few words. If the Darbar Physician should not take up private practice and if this Council and the Government decide that it is not proper for him to do so, there must be some orders passed to that effect. In the same manner, if inspection should not be of the nature now done by the Darbar Physician, there must be proper rules on that subject also. I am referring to this because, if there are no such orders, and if we, the representatives of the people offer Government certain suggestions, and if the heads of departments answer us in a general manner, there is no good gained at all. If, on the other hand, there is some common agreement and if the Government pass an order as to how particular things ought to be done

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[Mr. P. K. Narayana Pillai.]

by heads of departments, I think a large amount of passion kindled in the discussion may be avoided. I am sorry that, in dealing with the question, the officers have to defend their department and themselves too, when they are personally attacked. As I pointed out yesterday, it is very difficult for us to arrive at a dispassionate judgment about such matters under such conditions. Therefore, I would impress upon the Council the necessity of laying down rules, whether they relate to the inspection or T. A. or any other matter, and also to see that these rules are not departed from. I am one of those who think that there is room for improvement in the Medical Department here as in all other countries. I think we are not having as good a number of hospitals as we should have. For example, if you take the General Hospital—

PRESIDENT: It does not arise here.

MR. T. K. VELU PILLAI (*Trivandrum* cum *Nedumangad*): This is a general motion and so —

PRESIDENT: No.

MR. T. K. VELU PILLAI (*Trivandrum* cum *Nedumangad*): In that case by increasing the number of hospitals and making the staff more efficient, the complaints made could be avoided. I should say once more that there must be some good rule passed after deliberation, which should not be departed from. I know instances in which the Darbar Physician acted with great promptitude. I must tell the Council that I had occasion to bring a certain case of misbehaviour on the part of a medical officer to the notice of the Darbar Physician. Several people from a certain taluk in the neighbourhood of Trivandrum came to me and represented to me that their medical officer was doing such a lot of mischief and that there were registered petitions and lawyers' notices against him. I went to the Darbar Physician and told him that an enquiry should be made. I must say, Sir, that the Darbar Physician proceeded to Nedumangad the very next day and the officer was transferred. This is not the sole instance. There are instances in which the subordinates and staff are doing everything possible in their power to make as much money as possible by illicit means. A proper enquiry certainly has to be made; and if the Darbar Physician moves about more frequently, such cases will become fewer. For that reason, I should insist that the Darbar Physician should make it possible for him to pay more frequent visits to the several hospitals and dispensaries.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): Sir, I think I may say a word or two with respect to the side-shot against me. I have been provoked to make a few observations in connexion with this question by the reference made by Dr. M. N. Pillai to what I said on a prior occasion. I recollect distinctly, when a few charges were made against the Darbar Physician last year, I was patiently listening to the members who spoke upon the subject, and after listening to the categorical refutation by Dr. Lakshmanan, I had only one course left to me, *i. e.* to grant Dr. M. N. Pillai's honesty and sincerity in making the motion both

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of which there was no reason to doubt. I did, at the same time, come to the conclusion that he must have been led into making those statements by some persons who might have been interested in urging those charges. It was therefore that I said, on that prior occasion, in view of the denial by Dr. Lakshmanan who even now stands undiscomfited, that Dr. M. N. Pillai must have been a credulous man. I gave him credit for perfect honesty and sincerity. Now, this time also, I find certain allegations have been made against the Darbar Physician by my esteemed friend, Mr. Kumara Pillai, who, however, says that he makes the charges on hearsay evidence as well. The position in respect of the charges that have been levelled against the Darbar Physician has not been rendered any whit the better. If any how, my friend Dr. M. N. Pillay objects to my inference that he is credulous, I would readily revise what I said.

Then with respect to other observations, *i. e.*, the complaint as to the inspection work done by the Darbar Physician and the question of his remuneration, we have to take into consideration the antecedents of the department. If Messrs. Kumara Pillai and M. N. Pillai are of opinion that they have compared the figures and the sort of inspection work that used to be done by the predecessor of Dr. Lakshmanan, I mean Dr. Perkins, and if they have a sufficient basis to level the charge against Dr. Lakshmanan, I think we might listen gladly to that. But, if they make out nothing of that sort, on what particular basis this charge is based remains to be seen.

Well, with respect to the other question, the question of professional remuneration, it is an extremely delicate point for me also to advert to. But, I would just observe on this branch of the question, that the analogy drawn by the Deputy President as a legal practitioner, though sure to meet with welcome from the junior section of the bar, is not suited to the case in hand. I fear it does not apply to the case of the Darbar Physician who happens to be the head of a department brought into existence for the alleviation of the suffering of the poor and the impecunious. And so even at the risk of being misunderstood, I would request Dr. Lakshmanan to consider his position as the head of the department and in that view to revise his remuneration. The efficiency of Dr. Lakshmanan has clearly come out in the discussion; for the accusation clearly implies that his services are much in demand and I think Mr. Kumara Pillai's complaint seems to be this that his charges are heavy, consistent with the duty of the Darbar Physician, as head of the Medical Department. He should attend to cases as far as possible even without remuneration. Such a reform I shall be very glad to welcome. But, if it is a case of his personal convenience being invaded and his bargaining for professional remuneration, then it is a matter within the realm of private contract between him and the person who demands his services. With these few observations, I resume my seat.

MR. K. C. MAMMEN MAPPILLAI (*Commerce and Industries, North*): Sir, in view of the very serious allegations made against one of the most responsible officers in the service of His Highness by two members of this Council—

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[Mr. T. Lakshmana Pillai.]

PRESIDENT: Louder, please.

MR. K. C. MAMMEN MAPPILLAI (*Commerce and Industries, North*): I should be failing in my duty if I did not say a few words. There have been complaints against the high fee that Dr. Lakshmanan has been charging for his professional services. In this connexion, I should like to relate an incident which was narrated to me by the late Rao Bahadur R. Mahadeva Aiyar. He told me that he had all on a sudden developed some mysterious malady which nobody was able to diagnose. Dr. Lakshmanan was then called; he was also mystified at first but later on remembered that he had read about such a disease in some medical journal; and immediately he also remembered the particular method of treatment by the ready application of which cure was effected. But for that timely help of Dr. Lakshmanan, he told me that his life would then have ended. Herein lies the advantage of our having a genuine expert in the service. In 90 cases out of 100, the expert may not be more useful than an ordinary practitioner and people may be complaining that we are needlessly paying the high emoluments demanded by a person really proficient in his profession. But the few instances which an expert may be able to save valuable lives will (as was observed by Sir P. Rajagopalachari when the above incident was reported to him at the time) more than repay all money expended upon him. Dr. Lakshmanan is one of the most accomplished and experienced medical men that we have had during the past so many years. If the charges he levies are high, there is no legitimate ground for anybody to complain. I am perfectly at one with the Deputy President on this point.

I myself have no personal knowledge about the way in which the Durbar Physician carries on his circuit and inspection work. Very serious charges have been levelled against Dr Lakshmanan to-day. My limited knowledge of the inside working of the department inclines me to the view that, to a great extent, subordinates of the department who have been compelled to bestir themselves from lethargy have been at the bottom of the crusade against the Darbar Physician. Personal jealousy also may have its share. But it is nobody's case that Dr. Lakshmanan is not an exceptionally capable and competent officer. He may have his own defects; but, in my opinion, they are insignificant when placed side by side with his undoubted eminence. In any case, I emphatically dissociate myself from the charges levelled against Dr. Lakshmanan.

MR. T. LAKSHMANA PILLAI (*Nominated*): Sir, I oppose the motion. I am not aware of the existence of any rule prohibiting Darbar Physicians from taking to private practice, so long as it is done without deteriment to their official duties. If such a rule is brought into force, I should consider it the greatest misfortune to the country. For there are cases in which his medical help would be invaluable in saving so many valuable lives. Nor can the Darbar Physician be accused for accepting his legitimate fees, however high the same may be.

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I have myself had in two extremely urgent cases to indent upon the help of Dr. Thomson and Major Biddie who were Darbar Physicians and who also accepted fees. It is but right that we must pay well for the exceptionally good treatment that we aspire to get. As for the manner in which Dr. Lakshmanan responds to calls for help and the uniformly courteous and considerate treatment he accords to his patients, I have nothing but the highest words of praise for him.

MR. G. PARAMESVARAN PILLAI (*Neyyattinkara*): I move that the question be now put.

The motion for closure was duly put and carried.

MR. G. PARAMESVARAN PILLAI (*Neyyattinkara*): May I know whether the sitting would continue after five to-day?

PRESIDENT: The rule requires that the debate should be stopped and the demands put to the vote of the House immediately after five.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): സമയം അതിക്രമിച്ചിരിക്കുന്നതുകൊണ്ട് ഏറ്റവും പ്രധാനമായുള്ള ചില സംഗതികളെപ്പറ്റി മാത്രമെ ഞാൻ മറുപടി പറയാൻ ഉദ്ദേശിക്കുന്നുള്ളൂ. ജനങ്ങളുടെ ആരോഗ്യരക്ഷയ്ക്കായി ആരുപക്ഷത്തിൽപരം കൃപാ ആണ്ടുതോറും ചിലവാക്കിവരുന്നതിൽ സാധുക്കളായ ജനങ്ങൾക്കു വേണ്ടപോലെ പ്രയോജനപ്പെട്ടു വരുന്നില്ലെന്നുള്ളതു കൊണ്ടാണ് ഈ പ്രമേയം കൊണ്ടുവരുവാൻ ഇടയായിട്ടുള്ളത്. ഉദ്യോഗസ്ഥന്മാർക്കും പണക്കാർക്കും, മറ്റു തൊഴിലുകാർക്കും ആഹാരസാധനങ്ങൾ ഉണ്ടാക്കിക്കൊടുക്കുന്നത് വേലക്കാരാണ്. അവരുടെ നിരന്തരമായ ശ്രമങ്ങളില്ലാത്ത പക്ഷം മറ്റുള്ളവരുടെ സ്ഥിതി പരിതാപകരമായിത്തീരുന്നതാണ്. അങ്ങനെയുള്ളവർക്ക് മെഡിക്കൽ ഡിപ്പാർട്ട്മെന്റിൽ നിന്നും കിട്ടിവരുന്ന തൃപ്തികരമല്ലാത്ത സഹായത്തെ പറ്റി ഇവിടെ പറയേണ്ടതും വാദിക്കേണ്ടതും എന്റെ പ്രധാനകടമയെന്നാണ് ഞാൻ കരുതുന്നത്. എന്റെ പ്രമേയത്തിനു ഡർബാർഫിസിഷൺ പറഞ്ഞിട്ടുള്ള സമാധാനത്തിന്റെ അദ്യഭാഗം അതിലേക്ക് എങ്ങനെ സംബന്ധിക്കുമെന്നുള്ളതു് എനിക്കു മനസ്സിലാകുന്നില്ല. അതിനാൽ ആ ഭാഗത്തിനു ഞാൻ മറുപടി പറയാൻ ഉദ്ദേശിക്കുന്നില്ല.

മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിന്റെ മുമ്പിലത്തെ സ്ഥിതികൾക്കും ഇന്നത്തെ സ്ഥിതികൾക്കും വളരെ വ്യത്യാസമുണ്ടെന്നു ഡർബാർഫിസിഷൺ പറകയുണ്ടായി. ൧൯൨൦ മുതൽ ഇതുവരെയുള്ള രാജ്യഭരണറിപ്പോർട്ടുകൾ എത്രയോ പ്രാവശ്യം വായിക്കാൻ എനിക്ക് ഇടയായിട്ടുണ്ട്. മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിൽ ഓരോ കാലത്തും ഉണ്ടായിട്ടുള്ള വർദ്ധനയുടെ ഗതികളെ രാജ്യഭരണറിപ്പോർട്ടുകളിൽ നിന്നും എനിക്കറിയാൻ

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[Mr. T Kumara Pillai.]

സാധിച്ചിട്ടുണ്ട്. ഗവർൺമെൻറിൻെറ കരുണയോടുകൂടിയ സഹായങ്ങളും, പലേ ഡർബാർഫിസിഷന്മാരുടെ ശ്രമങ്ങളും കൊണ്ടു മെഡിക്കൽഡിപ്പാർട്ടുമെൻറ് ഇന്നത്തെ സ്ഥിതിയിൽ ഏത്തീട്ടുള്ളതാണെന്ന് എനിക്കറിയുവുന്നതാണ്. മുൻ കാലങ്ങളിൽ ഡർബാർഫിസിഷന്മാരുടെ സക്കീട്ടകാര്യം ഇന്നവിധം നടത്തണമെന്നു നിശ്ചയിച്ചിട്ടുള്ളതാണ്. ഡർബാർഫിസിഷൻ സക്കീട്ടായി തിരുവനന്തപുരത്തുനിന്നും തെക്കോട്ടു പുറപ്പെട്ടാൽ കന്യാകുമാരി വരെയൊ ആരുവാമൊഴി വരെയൊ ഉള്ള ആശുപത്രികളെ പരിശോധിച്ചു മടങ്ങണമെന്നുള്ള നിബന്ധനയുണ്ടായിരുന്നതായി ഞാൻ അറിഞ്ഞിട്ടുണ്ട്. ഇങ്ങനേ പലേ വഴികളിലായി സമ്പാദിച്ചിട്ടുള്ള മെഡിക്കൽഡിപ്പാർട്ടുമെൻറിൻെറ ഉൽകൃഷ്ടനിലക്കു യാതൊരുകേടുംവരാതെ സൂക്ഷിക്കേണ്ടത് എല്ലാവരുടെയും കടമയെന്നാണു ഞാൻ കരുതുന്നത്.

തിരുവനന്തപുരത്തുനിന്നും കോട്ടയത്ത് എത്തുന്നതിന് ആറു മണിക്കൂർ മതിയാകുമെന്നും, അതിനാൽ മുൻകാലങ്ങളിലെ പോലെ ഓരോസ്ഥലങ്ങളിലും താമസിച്ച് യാത്രചെയ്യേണ്ട ആവശ്യമില്ലെന്നുമാണ് ഡർബാർഫിസിഷൻ പറയുന്നത്. തിരുവനന്തപുരത്തുനിന്നും കോട്ടയത്തേക്ക് വല്ല കാര്യങ്ങൾക്കും പോകുന്നപക്ഷം വഴിയിൽ താമസിക്കാതെ ആറു മണിക്കൂർകൊണ്ട് എത്താവുന്നതുതന്നെ എന്നു സമ്മതിക്കാം. തിരുവനന്തപുരം മുതൽ കോട്ടയംവരെ വഴിയിൽ അനേകം ആശുപത്രികൾ ഉള്ളപ്പോൾ അവയെ പരിശോധിക്കാതെ നേരെ കോട്ടയത്ത് എത്താനുള്ള ലാഘവമായ സമയസൌകര്യത്തെ പറ്റി പ്രയോജിക്കേണ്ട ആവശ്യമുണ്ടെന്നു തോന്നുന്നില്ല. മുന്നറിവു കൊടുക്കാതെ ഓരോ ആശുപത്രികളിൽ പോകുന്നതിൽ പലേ ഗുണങ്ങളും ഉണ്ടെന്നു, ഒരാശുപത്രിയിൽ മുന്നറിവുകൊടുക്കാതെ പോയതിൽ അവിടെയൊരു ശസ്ത്രക്രിയനടക്കയായിരുന്നു എന്നും, ആ സമയം ഡർബാർഫിസിഷൻ അവിടെ എത്താത്തപക്ഷം ശസ്ത്രക്രിയയുടെ ദോഷത്താൽ രോഗിക്ക് അപകടംവരുമായിരുന്നുഎന്നും, അതിനെ തടുക്കാൻ ഇടയായി എന്നും അദ്ദേഹംപറഞ്ഞിരിക്കുന്നു. ഇതിനെ താരതമ്യപ്പെടുത്തി മറൊരു ദൃഷ്ടാന്തം കൂടി ഇവിടെ പറയേണ്ടതായുണ്ട്. പ്രസിദ്ധന്മാരായ രണ്ടു സജ്ജന്മാർ ഒരു സ്ത്രീയുടെ സുഖക്കേടിനെപ്പറ്റി ഉണ്ടായ വാദപ്രതിവാദത്തിൽ ഒരാൾ മൂത്രമാണെന്നും മറെറ ആൾ ഗർഭമാണെന്നും ഉള്ള തക്കത്തിൽ അതിൽ അധികാരശക്തിയുള്ള ആളിൻെറ നിബന്ധമായ വാദത്തെ അടിസ്ഥാന

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മാക്കി ട്ടുമറാണെന്നുള്ള സങ്കല്പത്തോടുകൂടി ആസ്ത്രീയുടെ വയറു കീറിനോക്കിയപ്പോഴാം കുട്ടിയെ കാണുകയും അതോടുകൂടി ശസ്ത്രക്രിയ ആയുധത്തെ താഴത്ത് വച്ചിട്ട് ഉടനെതന്നെ ആ വിദഗ്ധൻ ആശുപത്രിവിട്ട് പോയിട്ടുള്ളതായും എനിക്കറിവുള്ളതാണ്. ഈ സംഗതി ഈ കൌൺസിൽ ഹാളിൽ ഇരിക്കുന്ന പലർക്കും അറിയാവുന്നതാണ്. ഇങ്ങനെ വരാമെങ്കിൽ ശസ്ത്രക്രിയകളിൽ ചില്ലറയായ അബദ്ധങ്ങളാം വന്നുപോകുന്നതു സംഭവ്യമാണെന്നു കരുതി സമാധാനപ്പെടാവുന്നതാണ്. ഇങ്ങനെയുള്ള അബദ്ധങ്ങളെ പരിഹരിക്കാൻ ആറു മണിക്കൂർ കൊണ്ടു കോട്ടയത്ത് എത്തുന്ന മാതിരിയുള്ള സക്കീട്ടുകളാംകൊണ്ട് പ്രയോജനപ്പെടുമെന്നു തോന്നുന്നില്ല. മുന്നറിവുകൊടുക്കാതെയുള്ള സക്കീട്ടുകളാൽ വല്ല ഗ്രഹണങ്ങളും ഉണ്ടായിരുന്നു എങ്കിൽ അതൊരു സമാധാനമായി കരുതാവുന്നതാണ്. അങ്ങിനെയുണ്ടായിട്ടുള്ളതായി ജനങ്ങളുടെ അറിവിലോ അനുഭവത്തിലോ എത്തീട്ടില്ലാത്തതാണ്.

ആശുപത്രികളിലുള്ള മരുന്നുകളെ തൂക്കിനോക്കുന്നതിലോ, രജിസ്റ്ററുകളെ പരിശോധിക്കുന്നതിലോ അല്ല, ഡിപ്പാർട്ട്മെൻറിലെ കാര്യക്ഷമതയേ വർദ്ധിപ്പിക്കുന്നതിലാണ്, ഡർബാർഫിസിഷൻ വേലചെയ്യേണ്ടതെന്നും, അതിലേയ്ക്കു അദ്ദേഹം വേലചെയ്യുവരുന്നുണ്ടെന്നും പറയുന്നു. ആശുപത്രികളിൽ രോഗികളെ കണ്ട ഉടനെ "Prescription" എഴുതിക്കൊടുക്കുന്ന കാര്യത്തെ ഒരു ദൃഷ്ടാന്തമായി അദ്ദേഹം പറഞ്ഞിരിക്കുന്നു. രോഗികളെ പരിശോധിക്കാതെയും അവരോടു കാര്യങ്ങൾ ചോദിച്ചറിയാതെയും Prescription എഴുതിക്കൊടുത്തുവരുന്നു എന്നുള്ള ജനങ്ങളുടെ സങ്കടം ഓരോദിവസവും വർദ്ധിച്ചുവരികയാണ് ചെയ്യുന്നത്. തിരുവനന്തപുരം ടൌണിൽ സ്ഥിതിചെയ്യുന്നതും ഏറ്റവും പ്രധാനമായി ഗണിച്ചുവരുന്നതുമായ ജനറൽ ആശുപത്രിയിൽ എങ്ങനെ നടന്നുവരുന്നു എന്നും, അവിടെ എങ്ങനെ "prescription" എഴുതിക്കൊടുത്ത് വരുന്നുഎന്നും അവിടെ തന്നെ "prescription" എഴുതിക്കൊടുത്തുവരുന്നതെന്നും അറിയുമ്പോൾ ജനറൽ ആശുപത്രിയിൽ നടന്നുവരുന്ന കാര്യക്ഷമതയുടെ പരിമാണം ബോദ്ധ്യപ്പെടുന്നതാണ്. ചികിത്സയ്ക്കായും, ശസ്ത്രക്രിയയ്ക്കായും ജനറൽആശുപത്രിയെ അഭയം പ്രാപിക്കാനായി വരുന്ന എത്രയോ രോഗികൾ നിരാശയോടുകൂടി ദൂരസ്ഥലങ്ങളിലുള്ള മിഷൻആശുപത്രികളിൽ പോകുന്നതായി എനിക്കറിയാവുന്നതാണ്. ഇത് കാര്യക്ഷമതയുടെ പാലമായി ഗണിക്കാൻ പാടുള്ളതല്ല.

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[Mr. T. Kumara Pillai.]

ഈ രാജ്യത്തു സാധുക്കളാണ് ഏറ്റവും കൂടുതലായിട്ടുള്ളത്. അവരുടെ കുടിലുകളിൽ മിക്കവാറും ഒരു മുറിയേ ഉണ്ടായിരിക്കയുള്ളൂ. ഈ സ്ഥലത്തേയാണ് എല്ലാവരുടേയും പെരുമാറ്റത്തിനും പ്രസവത്തിനും ഉപയോഗിച്ചുവരുന്നത്. ഇത് എത്രയോ നീചവും കഷ്ടവും ആണെന്നു പറയാതെ തരമില്ല. സാധുക്കളുടെ ഇടയിൽ കുഞ്ഞുങ്ങളുടെ മരണം കൂടിവരുന്നതായിട്ടാണ് കാണുന്നത്. ഈ സങ്കടത്തെ പരിഹരിക്കുന്നതിനും, സാധുക്കൾക്കു പ്രസവസംബന്ധമായി വരുന്ന ദുരിതങ്ങളെ കറയ്ക്കുന്നതിനും ആവശ്യമുള്ളതായ പ്രസവമുറികൾ ഓരോ ആശുപത്രികളിലും പ്രത്യേകം ഉണ്ടായിരിക്കേണ്ടതിനു വേണ്ട വ്യവസ്ഥകൾ ചെയ്യാതിരിക്കുന്നു.

മറെറാരുസംഗതി എനിക്കു പറയാനുള്ളത് എന്റെ പ്രസംഗത്തിൽ ഡർബാർഫിസിഷൻ ആലപ്പുഴ മിസ്റ്റർ മഹമ്മദ് കുഞ്ഞിന്റെ രോഗം കാണാനായി പോയ കഥയെപ്പറ്റി പറഞ്ഞുകഴിഞ്ഞപ്പോൾ വാസ്തവവിരുദ്ധമാണെന്നും അതിനു ഞാൻ പിൻവലിക്കേണ്ടതാണെന്നും അദ്ദേഹം പറഞ്ഞിരിക്കുന്നു. ആ സംഗതിയെപ്പറ്റി ഞാൻ പറഞ്ഞിട്ടുള്ളതിൽ മിസ്റ്റർ മഹമ്മദ് കുഞ്ഞിന്റെ ആളുകൾ ഡർബാർഫിസിഷനെ ആലപ്പുഴ കൊണ്ടുപോയതോ, അവിടെ എത്തിയതിൽ പിന്നീട് മിസ്റ്റർ മഹമ്മദ് കുഞ്ഞിനെ കണ്ടതോ, അവിടെനിന്നും പണം വാങ്ങീട്ടുള്ളതോ, അവിടെനിന്നും അതേ വാഹനത്തിൽ അമ്പലപ്പുഴ ആശുപത്രി പരിശോധിച്ചു മടങ്ങിയതോ, അതിലേക്കു ഗവർൺമെൻറിൽനിന്നും സഞ്ചാരപ്പടി വാങ്ങിയതായി പറഞ്ഞിട്ടുള്ളതോ, ഇതിൽ ഏതു ഭാഗമാണ് എനിക്കു തെറ്റിപ്പോയതെന്ന് അദ്ദേഹത്തിന്റെ മറുപടിയിൽ പറയുന്നപക്ഷം ആ ഭാഗത്തെ പിൻവലിയ്ക്കുന്നതിനും അദ്ദേഹത്തോടു മാപ്പു ചോദിക്കുന്നതിനും ഞാൻ തയ്യാറാണ്.

ഞാൻ കേൾവിയേ അടിസ്ഥാനമാക്കി ഡർബാർഫിസിഷന്റെ പേരിൽ ദോഷാരോപണം ചെയ്തതു തെറ്റിപ്പോയി എന്ന് എന്റെ സ്നേഹിതൻ മിസ്റ്റർ പി. കെ. നാരായണപിള്ള എന്നെ ശാസിച്ചിരിക്കുന്നു. അദ്ദേഹം വേണ്ടപോലെ ആലോചിക്കാതെ അങ്ങനെ പറഞ്ഞതിൽ ഞാൻ മനസ്താപപ്പെടുന്നു. എന്റെ പ്രസംഗത്തിൽ ഡർബാർഫിസിഷനെ ആലപ്പുഴ കൊണ്ടുപോയ കഥ മാത്രമേ കേൾവിയെ അടിസ്ഥാനമാക്കി പറഞ്ഞിട്ടുള്ളൂ. ലോകത്ത് കേൾവിയേ അടിസ്ഥാനമാക്കിയാണ് പലേ കാര്യങ്ങളും അറിയാൻ ഇടയാകുന്നത്. അങ്ങനെ അറിയു

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ന്ന കാര്യങ്ങളെ വേണ്ട അന്വേഷണങ്ങളും നടത്തി വിശ്വസിച്ചുപോരുന്നു പോലെ ഞാനും വിശ്വസിച്ചിട്ടുള്ളതാണ്. അതിൽ ഏതെങ്കിലും ഭാഗം എനിക്കു തെറ്റിപ്പോയതായി ഡർബാർഫിസിഷൻ പറയുന്നതായാൽ അതിലേക്കും അദ്ദേഹത്തോടു മാപ്പുചോദിക്കാൻ തയ്യാറാണെന്നു ഞാൻ സമ്മതിച്ചുകഴിഞ്ഞിരിക്കുന്നു. എന്റെ ഈ സമാധാനംകൊണ്ട് മിസ്റ്റർ പി. കെ. നാരായണപിള്ള, സമാധാനപ്പെടുമെന്നു ഞാൻ വിശ്വസിക്കുന്നു.

വേറൊരു സംഗതിക്കുടി എന്റെ മറുപടിയിൽ പറയേണ്ടതായിരിക്കുന്നു. പഴയ പരിചയമുള്ള നല്ല വക്കീലിനോ, നല്ല ഡാക്ടക്കോ, കിട്ടാനുള്ള ഫീസിന്റെ തുക അവക്ക് നിശ്ചയിച്ചു വാങ്ങാൻ അവകാശമുണ്ടെന്നു ഡിപ്യൂട്ടിപ്രസിഡന്റു മിസ്റ്റർ കൃഷ്ണയ്യങ്കാർ പറഞ്ഞിരിക്കുന്നു. അദ്ദേഹത്തിന്റെ അഭിപ്രായങ്ങളോടു സാധാരണയായി എനിക്കു വളരെ ബഹുമാനമാണെങ്കിലും, ഈ സംഗതിയിലുള്ള അദ്ദേഹത്തിന്റെ അഭിപ്രായത്തോട് എനിക്ക് യോജിപ്പാൻ നിവൃത്തിയില്ലാതിരിക്കുന്നു. ഒരു നല്ല വക്കീലിന് തോന്നിയപോലെ ഫീസ് ചോദിക്കാവുന്നതാണ്. മെഡിക്കൽഡിപ്പാർട്ടുമെന്റിലേ അദ്ധ്യക്ഷനും ഡർബാർഫിസിഷണും ഒരാളായിരിക്കുമ്പോൾ അതുപോലെ ഫീസു ചോദിക്കാൻ പാടുണ്ടെന്ന് എനിക്കു തോന്നുന്നില്ല. "Consultation Practice" എന്നുള്ള നാമധേയത്തോടുകൂടി ജനങ്ങളോട് തോന്നിയമാതിരി വലുതായ സംഖ്യകൾ വാങ്ങുന്നത് ആ സ്ഥാനത്തിന് ഒരിക്കലും ന്യായമായിരിക്കുന്നതല്ല.

മിസ്റ്റർ കരയാളർ പറഞ്ഞിട്ടുള്ള സംഗതികൾക്കു മറുപടി പറയേണ്ട ആവശ്യമുണ്ടെന്നു ഞാൻ വിചാരിക്കുന്നില്ല.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Sir, so far as the comment about efficiency obtaining in the department is concerned, I believe Mr. Kumara Pillai and I are at one in so far as he explained that for the efficiency of the department or to attain something like efficiency, all measures that could be adopted are adopted. Particularly, attention is given to the poor and those that come to the hospitals. Hospitals are meant mainly for the poor and how far medical officers fall short of the ideals I cannot say.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavancod*): May I offer a word of personal explanation on the point?

മെഡിക്കൽ ഉദ്യോഗസ്ഥന്മാർ നടത്തിപ്പോരുന്ന ഇത്തരം അവിഹിതമായ നടപടികളെപ്പറ്റി ഡർബാർഫിസിഷന്റെ അറിവിൽ കൊണ്ടുവന്നിരുന്നില്ലെന്ന് അദ്ദേഹം പറയുന്നു. ൻസ്-ൽ ഇരണിയൽ ടൌണിൽ ധാരാളം കാളറാ ഉണ്ടായിരുന്നപ്പോൾ സ്പെഷ്യൽ ഡ്യൂട്ടിക്കായി ഒരു മെഡി

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[Dewan Bahadur Dr. P. N. Lakshmanan]

ക്കൽ ആഫീസറെ അയച്ചിട്ടുണ്ടായിരുന്നു. ആ മെഡിക്കൽആഫീസർ കാളറാസുഖക്കേടുകൾ നോക്കാൻപോകുന്നതിനു പടി വാങ്ങിയിരുന്ന വിവരത്തെപ്പറ്റി അനേകം ആളുകൾഒപ്പിട്ട് ഡർബാർഫിസിഷന് ഹർജികൾ അയച്ചിട്ടുണ്ടായിരുന്നു. ഈ അവസരത്തിൽ എന്റെ അടുത്ത ബന്ധുവായ ഒരാളിന് കാളറാസുഖക്കേടുണ്ടായതിനെ ചികിത്സിച്ചതിലേക്ക് ബിൽ അയച്ചത് എന്റെ കൈയിൽ കിട്ടാൻ ഇടയായി. സ്പെഷ്യൽ ഡ്യൂട്ടിക്ക് അയച്ചിട്ടുള്ള മെഡിക്കൽആഫീസർ ജനങ്ങളോടു പണം വാങ്ങി വരുന്ന സംഗതിയെപ്പറ്റി അന്വേഷിക്കാൻ ഡർബാർഫിസിഷൻ ഇരണിയൽ വന്നപ്പോൾ ആ മെഡിക്കലാഫീസർ അയച്ചിട്ടുള്ള ബിൽ എന്റെ കൈയിൽ ഉള്ളതായി ഡർബാർഫിസിഷൻ അറിയുകയും അതിനെ അദ്ദേഹത്തിന് അയച്ചുകൊടുക്കണമെന്നു ആവശ്യപ്പെട്ടപ്രകാരം ഒരു എഴുത്തോടുകൂടി ഞാൻ അയച്ചുകൊടുക്കയും ചെയ്തിട്ടുള്ളതിന് ഡർബാർഫിസിഷൺ എന്തു നടപടി നടത്തി എന്നുള്ളത് അറിഞ്ഞാൽ കൊള്ളാം.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): This is unfortunately the case of a man who belongs to the Ezhava caste. He said that he could not pull on very well with the high-caste people. But I may assure the member that he charged no extra fees or fees which are not usual.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): Is it a regular fee?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I asked for his explanation. I received it; but I could not come to a definite conclusion that he was in the wrong. However, I transferred him from that place.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): He was transferred from there only after two or three months.

PRESIDENT: After an enquiry was made.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): It took some time for the enquiry and then he was transferred.

As regards the wards for lying-in patients, I do not know whether Mr. Kumara Pillai is aware of the fact that Government are taking steps to provide all district hospitals with special wards for lying-in patients.

Another charge against the medical officers was that they charged heavy fees. He referred to the case of a poor woman in labour. But I must tell him that healthy public opinion must guide and control the medical officers. It is not possible for the Darbar Physician to know these things unless they are brought to his notice. It is public opinion that must guide and control these people.

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Much has been said about my charging fees. I would like anybody in this House to cite any instance where I had declined to go and see a poor patient when he wanted my service, particularly in any hospital where he was admitted and where the diagnosis was difficult or the treatment was of a doubtful result. I ask for any single instance. I have been ever ready to attend upon all poor people requiring my services. I charge fees only for those who send for me to attend in their houses, and who could afford to pay me as well as the nurses.

MR. M. N. PILLAI (*Trivandrum*): Will the Darbar Physician let me know whether the medical officers charge fees for those cases that go to the Sirkar hospitals for operations?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): No such case has come to my notice; but I may say there are some people who would like to be treated in hospitals because of the convenience obtaining there, and who privately arrange with the medical men that they would give money even for their being attended to in the hospitals, because they have no convenience in their own houses. Such cases have come to my notice; but the patients went to the hospitals of their own free will and pleasure. I have no cases brought to my notice where medical men insisted upon fees being paid for operations done in hospitals. There was a case where some such complaint was made; but it was afterwards withdrawn. That gentleman is in the House on my side.

MR. M. N PILLAI (*Trivandrum*): Will the Darbar Physician be good enough to issue a circular that no fees should be charged for operations performed in the Sirkar hospitals?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): No circular is necessary in the matter. It is the bounden duty of every man to attend to them in the hospitals.

PRESIDENT: I suppose the Medical Code lays it down.

MR. M. N. PILLAI (*Trivandrum*): But that is not being adhered to.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I could not follow, Sir.

PRESIDENT: He says that there are still cases in which medical officers charge fees for operations on patients brought to the hospitals; but that is more an assertion than a question.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Such instances have not been brought to my notice.

MR. T. K. VELU PILLAI (*Trivandrum cum Nedumangad*): I want to know whether he could think of any means for preventing the subordinate officers from accepting or demanding more fees than are sanctioned by the rules.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): The member himself knows that there are rules for the guidance of the public regarding fees and he can take action accordingly.

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[Dewan Bahadur Dr. P. N. Lakshmanan.]

MR. T. K. VELU PILLAI (*Trivandrum cum Nedumangad*): What I ask is whether there is any practical manner in which medical officers could be prevented from putting people to trouble for not giving them the very high fees which they demand.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Rules for guidance are published. I can say no further.

As for improving the efficiency of the out-patients' departments I quite agree with Mr. Kumara Pillai in some respects. It is impossible to correct the mentality of some medical officers. It must be remembered that the medical profession is not merely an honourable profession but it is something more. There ought to be a combined humaneness, love and philanthropy. If a man does not possess these softer qualities, I could not be found fault with. And it is not all men who possess these qualities in dealing with the sick and suffering. It is for the public to put up such men who are unsympathetic and hard towards the poor—to put them up and report. As to how far out-patients are treated adequately, that also is another phase of the same question. After all we are all human beings; we have our limitations. I have been myself charged just a little while ago with the allegation that, though I was taken for consultation, very few cases recovered. It must be remembered that a consultant is only taken in many cases where the patient is gasping and breathing his last. A consultant cannot conquer death; he can only do his best.

I want this House to remember that the Darbar Physician has always been prepared to render aid to the sick and suffering; that is his service. That is why he is attending hospitals; if there is anything he can do, he is prepared to do; more than that he cannot promise. If there is any instance any member can bring in which the Darbar Physician refused help to a patient who was in in a hospital or who is poor, I shall be glad to explain that.

PRESIDENT: Your time is up.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): There is one point raised by Mr. Hoogewerf which I should like to answer if the President would allow me time.

PRESIDENT: Yes.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): On the last occasion we met here in this Council, there was a discussion that the Darbar Physician ought not to have private practice and Mr. Hoogeweref was one of those who voted in favour of that. As the irony of fate would have it, I was called away from here to a distance of forty miles to treat a patient and perform a surgical operation—and I believe the only operation of the kind done in the State up to now with success. The patient was a relation of Mr. Hoogewerf; and when we returning in the car he told me "Dr. Lakshmanan, what would have happened had it not been for you?" (*Laughter.*)

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PRESIDENT: Do you press the motion to a division, Mr. Kumara Pillai?

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): ഈ പ്രമേയം കൊണ്ടുവന്നതിന്റെ ഉദ്ദേശം ഞാൻ പറഞ്ഞുകഴിഞ്ഞു ആ ഇക്കൊണ്ടു സാധുക്കൾക്കു വല്ലതും രക്ഷ കിട്ടുകയാണെങ്കിൽ അതിൽ കൂടുതൽപ്രതിഫലം എനിക്കാവശ്യമില്ല.

PRESIDENT: Are you withdrawing this motion?

Mr. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): Yes.

The motion was by leave withdrawn.

Motions 359 to 363.

The following motions were not moved:—

MR. K. P. RAMAN PILLAI:

359. To reduce the allotment of Rs. 6,000 for purchase and repair of furniture by Rs. 2,000.

MR. K. P. RAMAN PILLAI:

360. To omit the allotment of Rs. 1,500 for maintenance of X-ray engine and pumping plant.

MR. K. P. RAMAN PILLAI:

361. To reduce the allotment of Rs. 5,050 for office expenses and miscellaneous by Rs. 1,050.

MR. T. KUMARA PILLAI:

362. To reduce the allotment of Rs. 3,09,536 for supplies, services and contingencies by Rs. 10.

MR. K. P. RAMAN PILLAI:

363. To reduce the allotment of Rs. 4,74,109 for hospitals and dispensaries by Rs. 100.

Motion 364.

MR. M. N. PILLAI (*Trivandrum*): Sir, I beg to move the following:—

364. To reduce the allotment of Rs. 4,74,100 for Hospitals and Dispensaries by Rs. 100.

My object is not to curtail expenditure under so useful and benevolent an item of public expenditure, but merely to point out the obstacles in the way of the expansion of medical relief and to show how the poor sick are deprived of the benefits that so liberal an allotment ought to ensure to them.

In the first place, there is a great scarcity of ordinary drugs in the medical institutions. Even though the Darbar Physician is prepared to say otherwise, I can say that it is a fact. I pointed out last year that the increased allotment for the purchase of drugs necessitated by the phenomenal rise in prices of drugs during the war was still being kept up in spite of the fact that normal pre-war conditions in relation to the cost of drugs have established themselves again. Although the head of the Medical Department seated at headquarters and paying flying annual visits to the numerous medical institutions does not hear about the paucity of

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drugs, those who move intimately with the people are painfully aware of this fact that most institutions are short of drugs. Interpellations addressed to Government by the members of this Council are evidence of the existence of a growing volume of genuine grievance in this matter. What is the chief function of the executive head of the Medical Department? It is the sympathetic, efficient and proper administration of the medical charities of the State. The department should cease to function, if its vital and absolutely unavoidable requirements are withheld. Without medicines, how can the hospitals and dispensaries be run? The budget demand has not been curtailed. The Government is very generous in sanctioning funds for the Medical Department. This Council has not withheld a pie out of the demand for the purchase of drugs. The budget demand should reflect an intelligent and reasonable forecast of the ordinary requirements of the coming year. The total number of patients treated in the hospitals has not shown an abnormal increase; why then should the supply of medicines run short and necessitate the issue of circulars, confidential or otherwise, urging the employment of substitutes and otherwise fettering the discretion of medical officers in the selection of drugs that may appear to them suitable for individual cases? In the absence of medicines, money spent on the salaries and allowances of medical officers becomes a waste. Sir, if this Council should be called upon to vote funds for the purchase of drugs, have they not the right to know how the funds sanctioned by them are being utilised by the head of the department?

Is the full and reasonable value for the money spent secured or is there anything in the method of purchase by which the full value is not secured? In this connection, I beg to point out that the Medical Department does not exist for the maintenance of law and order. It is not one of the executive departments where secrecy in regard to its operations may, for political, administrative or other reasons, be considered necessary. It is a spending department and exists for the distribution of medical relief. None of its operations need be hidden from the light of publicity. The continued and successive interpellations in this Council by a leading member has brought out the admission that a letter from Messrs. Ferris & Co., referring to transactions connected with the purchase of drugs has been received by Government and this mysterious letter contained statements connected with the purchase of drugs. Why should this letter touching a public transaction merely in reference to the purchase of drugs be hidden from this Council? Should this Council vote funds and should they be kept in the dark as to how the funds sanctioned are spent?

Sir, there is discontent that personal considerations largely influence the policy of the administration of the Medical Department under its present head. A recent instance is prominently before the public. An officer is recommended for promotion over the head of the deserving senior. Government rejected the recommendation and promoted the officer to whom the promotion was rightly due. Immediately thereafter,

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the public are astounded by the news that a new appointment carrying a salary of Rs. 400—500 was created in the twinkling of the eye and the very officer who failed to get promotion was forthwith promoted to the newly created appointment with effect from the very same date on which the other was promoted by Government. This would seem a magical performance. I am not aware if an appointment newly created is ever given retrospective effect. In this case, was the necessity personal or public? Until this particular officer failed to get his promotion from Government, did any one think of creating a new surgeoncy? Is the defeat in this case for the Government or the Darbar Physician? It has certainly been disastrous to the general tax-payer.

Another point I wish to lay emphasis on is the arbitrary manner in which candidates are selected for study leave and lodging allowances in Europe. Private candidates are available in dozens who will obtain the required qualifications provided the department would only encourage them.

There is a lamentable dearth of qualified midwives and nurses. Unless Government medical officers are called in, the services of qualified midwives and nurses are not available. A large number of these should be trained and sent out for work among the people outside the medical institutions. The European nurses, ignorant of the language, customs and habits of the people should no more be imported. Accommodation for poor women in maternal labour should be amply provided for in all the medical institutions. They should be admitted in the hospitals and dieted before and after child-birth. Milk from a different continent (*laughter*) is still being imported for consumption of the sick in hospitals, although a protest was made against this practice last year. Boards of visitors should be appointed for the Leper and Lunatic Asylums. With these words, I move the reduction.

Mr. A. HOOGEWERF (*Nominated*): A word of personal explanation is necessary on what the Darbar Physician said just before he sat down. I am still indebted to Dr. Lakshmanan.

PRESIDENT: I do not hear what you say.

Mr. A. HOOGEWERF (*Nominated*): I repeat the same thing that I said before to Dr. Lakshmanann now also. But, it is an unholy thing for the head of the department to enter into competition with his subordinates because, it does not make for efficient administration, and it does not give him sufficient time to look into the matters of administration.

Sir, my sister-in-law was in a very serious condition and Dr. Lakshmanan attended on her. I had to take my wife for a similar complaint to Madras to Colonel Niblock, a well-known surgeon, for treatment. My point was that it was not a proper thing for the head of the department to enter into competition with his subordinates. If he is called by the head of any District or other hospital for assistance, by all means, he must go to his help, if the former is not able to deal with the case himself. The head of the department has a great deal to do with the

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administration of the department and private practice will not only take him away from this work but may have a demoralising effect.

Now, I come to the X-ray apparatus which has been rusting for two or three years in the General Hospital. (*Laughter.*) You must either put it in order or throw it on the scrap heap. One man on Rs. 15 is paid for doing nothing since the machine is not working. At present we have to go to Neyyur or Madras if we want to be X-rayed.

Another point is that maternity wards should be provided in every hospital. One of the members pointed out—I think it was Mr. Kumara Pillai—that in the Victoria Hospital a male doctor was working. Dr. Lakshmanan who, as I said before, is an eminent Physician, was in charge of the Victoria Jubilee Hospital. But it was removed from his charge; and Miss Watts and after her, Miss Kohloff were put in charge of the hospital. The principle was that male doctors should not be in charge of a hospital which is purely intended for women. I am sure, Sir, you know what the diseases of women are. (*Laughter.*) I do not think a *man* should find a place in that hospital. In spite of the principle recognised by Government, Dr. Lakshmanan sent a young Brahmin to be an assistant there, to gain, it would appear, practice in maternity. He was sent there to teach rather than to learn. He is a smart and nice-looking young man (*laughter*) who was the only male in the midst of a number of women. (*Laughter.*)

I wish to say a word about the Sisters of the Cross. I was very glad to hear that the entertainment of these holy women in the service was brought about by Dr. Lakshmanan.

PRESIDENT: You have got only one minute more.

MR. A. HOOGEWERF (*Nominated*): We want many more of them; they may be truly said to be ministering angels. Theirs is a labour of love and a duty to humanity. Lately, when Mother Emerita from Quilon was going to Europe, the whole of Quilon, irrespective of caste or creed, gave her a grand address and a purse as a token of their appreciation of her good work. We want more of these Sisters in more of our hospitals to attend to the sick and the dying.

MR. K. PARAMESVARAN PILLAI (*Tiruvalla*): Sir, in supporting the motion before the House, I wish to say a few words. Some of the points which I wish to urge in this connection have been already referred to by my friend and I do not wish to dwell upon them at length, especially with respect to scarcity of medicine in the hospitals. It is a well-known fact, however much it may be denied, that, by the end of the year—I mean long before the year is out—medicines in the hospitals run out, and the medical officers in charge of the hospitals use to tell us that they have run out; and, if they are honest, they will also ask us to purchase them from outside. In regard to this, as has been pointed out, neither now nor at any time, so far as I know, has the Council

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made any cut in the allotment demanded by the Darbar Physician for the purchase of medicines for the Medical Department. If what Mr. M. N. Pillai said was true, that is, if the allotment sanctioned during the war time is still kept up, the department must be in possession of very large funds for the purpose of purchasing medicines. In spite of these, if there is scarcity of medicine, it must be due to one of two causes; either there is a great leakage or the Darbar Physician is not asking for adequate grants in respect of medicines. In either case, it appears to me that the matter deserves looking into; and I hope the Darbar Physician will look into the matter. If, as a matter of fact, he has not been asking for adequate grants, I hope he will not fail to do so in the future.

Another matter which I wish to bring to the notice of the Council is the increase in infantile mortality. It has been admitted by all that there is a large increase in the infantile mortality in the State. In commenting upon this, in the Administration Report for 1097, the Government attributed this to three causes, *viz.*, first, to the dearth of qualified midwives, secondly, to the absence of accommodation for maternity cases in the hospitals and thirdly, to ignorance. From what I have been able to learn from the report, I see that there has been no attempt made till now—at any rate, no *adequate* attempt is made—for the purpose of curing these defects. In regard to accommodation in hospitals, Dr. Lakshmanan has told us that he has been trying to provide some accommodation. But it appears to me grossly inadequate especially in respect of the poorer classes. Careful attention ought to be paid in the matter of increasing the accommodation in hospitals for maternity cases. You know that in this country most of the poor people live in single huts where there is very little accommodation for delivery. Unless we provide very large accommodation in the hospitals, they will be put to very great difficulties.

Then, in regard to midwives, I find from the Administration Report and the Statistics Volume that in 1097 there were 70,000 cases of child birth out of which only 5,000 were attended to by midwives. If this is so, I submit that it is a very grave state of affairs and requires remedying. The number of midwives available is only 61 or something like that. That certainly is a small number and every attempt should be made to increase their number and to make their services available to the ordinary poor classes. In regard to the nurses, I entirely endorse what has already been said. Recently, an instance came to my notice. I wanted the services of a nurse, and I requested the medical officer in the Quilon Hospital to send a nurse. That officer, besides being a personal friend of mine, is also a tenant of mine and would have obliged me if he could. But, on the other hand, he could not, and he said that he would send a warder as a substitute for the nurse. So I had to send for a nurse from Trivandrum for the purpose. That shows the state of affairs in regard to the number of nurses available in the State.

There is another matter which requires looking into. I heard recently that there was a proposal made by the Darbar Physician to treat the ordinary small-pox cases in the hospitals along with other

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patients. If that is so, I submit it is a very dangerous thing, especially in Travancore where vaccination is not compulsory above the age of ten. To treat these men in the hospitals along with other people —

PRESIDENT: I may tell you that there is no such proposal.

MR. K. PARAMESVARAN PILLAI (*Tiruvalla*): Then it is all right.

Another matter I wish to refer to in this connection is that the number of doctors for treating eye-diseases is very limited. Even the ordinary medical man knows something about this and will be fit to treat ordinary cases with some little training. If this is so, it is time to consider whether it could not be done by getting a few more people trained in Madras and posting them in the District Hospitals in the State.

I also submit that the number of hospitals in the State is not sufficient. In some taluks, we have got a hospital. In others, we have got only a dispensary. This distinction is invidious. Government should try as far as possible to provide a hospital in all the taluks of the State. Medical relief is one of the most important things that should demand the attention of Government; and I hope these matters will receive the careful consideration of Government.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Mr. M. N. Pillai has not made out a case with regard to shortage of drugs. He has merely made a statement that the quantity of drugs supplied to hospitals is scanty. No proof has been forthcoming. Till now, I have had no report from—

MR. M. N. PILLAI (*Trivandrum*): I want to ask whether Dr. Lakshmanan has not sent a circular to all the medical subordinates of the State that some substitutes should be prescribed when the proper drug is not available.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*) I would call the attention of the member to the circular, which has already been published in connection with the answer to an interpellation.

MR. T. KUMARA PILLAI (*Eraniel* cum *Vilavankod*): What is the substitute for salol?

DEWAN BAHADUR DR P. N. LAKSHMANAN (*Darbar Physician*): What is the purpose for which salol is prescribed? The nature of the substitute depends upon the purpose for which it is prescribed.

MR. M. N. PILLAI (*Trivandrum*): What is the purpose for which santonine is used?

PRESIDENT: He has not yet answered Mr. Kumara Pillai.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I would like to know for what purpose he wants to use salol. It may be used for different purposes in different cases.

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MR. T. KUMARA PILLAI (*Eranicl* cum *Vilavankod*): For typhoid cases.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): It is not every doctor that prescribes salol for typhoid cases. In the absence of salol, there are other disinfectants. Salol is used as an intestinal disinfectant. Carbolic acid and other carbolates are substitutes. It is from the very same source but only a different product. It is also a coal-tar product. Chlornie in the shape of mixture etc., is also used for the same purpose.

MR. M. N. PILLAI (*Trivandrum*): What is the substitute for santonine?

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Is it for his own personal information or for the Council?

MR. M. N. PILLAI (*Trivandrum*): It is for the Council and not for my personal information. If it had been for my personal information, I would have gone to Dr. Lakshmanan.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Santonine is a very costly and expensive drug. There is another imported drug which I am using, *i. e.*, carbon tetrachloride which costs only one-twentieth of the price of santonine and is very effective in the place of santonine.

No case has been made out, because I have no report from any medical officer except one who said that *Pulvis lutae seminae pond rosa* (കൃഷ്ണമുരുക്ക) which I promised to supply had not arrived. The supply of santonine was getting out of stock. That powder was got from Calcutta recently. That is the only report I got till now. The supply that has been given will go on till the beginning of October; and the instruction given to the medical officers is that ,if any drug is falling short, due notice should be given and the quantity replenished long before the exhaustion of such supply; so that there may be no cry of dearth of medicine. He has not also mentioned what drugs have run short. Somewhere last year he said that the medicine *ery* was out of stock in the Women and Children's Hospital. It was absolutely incorrect.

He has asked the House why medical men from outside should not be sent for study in England. Study leave is a special privilege to officers in Government service. A person who has put in at least six years' service alone could be selected for higher studies and that is not meant for outsiders.

If nurses are not available for private people, the fault is not that of the Government. It is the private people that should make the nurses understand that nursing pays. It depends upon the way in which they patronise the nurses. Nurses have to attend on the patients in the hospitals. There is only a limited number of nurses for work in the hospitals. That is why the medical officers say they could spare only warders and not nurses. I daresay there will come a time when private demands will be fully met. It is only the day before yesterday that I had letters from

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[Dewan Bahadur Dr. P. N. Lakshmanan.]

Madras and Mysore asking whether I could supply nurses. The training they get here seems to have made a very good impression outside. But I could not spare them.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha*): What about X-rays? Mr. Hoogewerf was very particular about it.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Unfortunately the House has to be given some information about the X-rays. The members are suffering under some misapprehension with regard to that department. It was originally got at a time when a man was sent out for training in X-ray work. He come back insufficiently trained. He trained another and went away. That man trained another man a little. What little that other man learnt was picked up by another man. So it went down to still another man who knows as much as a peon who is an attender in the X-ray Department. As regards the machine, it is not fit for work. It is positively dangerous to work that machine. To take an ordinary shadow of a bone which can be done in a couple of seconds, it takes half an hour; and if a person is to be exposed to X-rays for half an hour or one hour, it is positively dangerous. Such a machine ought to be condemned and thrown away rather than that a patient should be exposed to that machine. The power is not sufficient to work the machine. It is not in good order. Either it must be renovated or a new machine ought to be got down. It ought to be clearly understood that the X-ray by itself does not constitute entirely all electro-therapeutics. We want not merely X-ray but something more. There are several departments of electricity which will have to come in sooner or later. We ought to have a man thoroughly trained who has undergone a special course of training in electro-therapeutics, particularly a man who has a knowledge of physical science and then of medicine. A doctor is not expected to do X-ray work and has only to be an interpreter of the skiagraph.

MR. K. P. RAMAN PILLAI (*Quilon*): Could it not be converted so as to produce light enough for the use of the General Hospital? (*Laughter.*)

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I consulted an expert who told me that it would cost Rs. 1,000 to enable it to produce sufficient power for lighting the hospital partly at least. Sooner or later, the equipment will be so managed that it will not only work the X-ray Department but also light the hospital.

I have nothing to say about infantile mortality, because it does not come within my sphere. As regards qualified midwives, certainly there should be more midwives seeking maternity work voluntarily and going about as health visitors and advising pregnant women. That state of affairs will come only when we have got a large number of midwives, both paid and unpaid. Government have already taken steps to provide maternity wards in Mavelikara, Nagercoil and Kottayam. These

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hospitals have got special rooms for the present; and during the course of this year, these hospitals, it is expected, will have the wards put up-

As regards eye diseases, the ordinary diseases come within the province of every medical man for treatment. In order to treat eye diseases of all sorts, there is an Ophthalmic Hospital at the headquarters. I have been taking steps to train men under the able hand who is in charge of the Ophthalmic Hospital, and there is already a graduate who has been working under him as an assistant for the last four months. As soon as he has done enough work, another man will be sent to the headquarters to learn the work. There is no necessity for our medical men being sent to Madras for learning work. We have enough facilities here and a man who knows sufficiently well to teach in regard to eye diseases.

MR. M. N. PILLAI (*Trivandrum*): I have only a few words to speak. I am not at all satisfied with the explanation given by Dr. Lakshmanan. I do not know whether my brother members are satisfied or not. About the shortage of drugs in the hospital, we cannot get any official information. We can get only private information. That the supply of medicines, lint and cotton is all short for about two to three months every year, is a fact; and I know myself several patients going for drugs to several private chemists' shops with instructions not to give out that the prescription is from the hospital. I may not be able to prove it officially. There is shortage of drugs.

Then, as regards nurses, it is the duty of the Government and the Darbar Physician to open classes for training nurses in large numbers. Mr. K. Paramesvaran Pillai pointed out that he could not get the services of a nurse from the Quilon Hospital and that he had to take one from Trivandrum. If a class is opened in Trivandrum, there will be many candidates from different parts of the country to study nursing. It is the duty of the Darbar Physician to open nursing classes for training and not to blame the public.

As regards the out-patient department, I have to make a suggestion. It is impossible for a medical man to attend to 200 or 300 patients that go to the hospital in the morning hours; and it is absolutely necessary to examine each man minutely and prescribe medicine and this will take at least 5 to 6 minutes in each case. It is physically impossible for a medical man to attend to all the patients. So, what I suggest is to have two men—one to write down the prescriptions and another to examine the patients and diagnose diseases. Now, mostly poor patients flock to the hospitals. If they are not attended to, it is a very painful thing. And so much money spent on hospitals is a waste of public money.

Another point I have to refer to is the grant of study leave. Why should Government spend so much money for these medical men? They make a lot of money out of private practice. They are afterwards sent at Government cost to England for higher studies. They enjoy life there. (*Laughter.*) Some of them may come out successful and others may

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[Mr. M. N. Pillai.]

fail. There will be many applicants who may be willing to go for further studies at their own cost.

PRESIDENT: They need not apply if they want to go at their own cost.

MR. M. N. PILLAI (*Trivandrum*): I protest against any money being spent by Government on this account. If any medical officer wants to go for higher studies, he must take some other kind of leave and go and study at his own cost.

As regards the X-ray apparatus, Dr. Lakshmanan said it was useless. What is he going to do with it? Who got it down? It ought to have been got down with some purpose. If we cannot utilise it, I do not know whose fault it is. Of course, it is the duty of the Darbar Physician to see that it is worked; and he says that it is useless and ought to be auctioned or destroyed. It is a very sorrowful thing to hear him say that it is useless. I know two or three men who were specially trained in X-ray work and who were sent away after two months.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): I wish to know who those two or three men were.

MR. M. N. PILLAI (*Trivandrum*): Mr. Lakshmana Aiyar was one.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): That is one. You said two or three.

MR. M. N. PILLAI (*Trivandrum*): Mr. Moriera was another.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): Dr. Moreira had no training anywhere.

MR. M. N. PILLAI (*Trivandrum*): Then I think it is the fault of the Darbar Physician. It was for the Darbar Physician to recommend to Government to send men for training in X-ray work.

DEWAN BAHADUR DR. P. N. LAKSHMANAN (*Darbar Physician*): The Darbar Physician took steps in the matter two years ago. He had carried on correspondence for the training by turns of at least two men at Dehra Dun so that we may always have at least one man ready as we have to give frequent relief to these X-ray operators. To post the same man always for X-ray work is murderous, and it is therefore the duty of the Darbar Physician to have at least two or three trained men.

MR. M. N. PILLAI (*Trivandrum*): If it is for the benefit of suffering humanity, nobody will grudge. It is the duty of the Darbar Physician, I think, to work it.

As regards the operations conducted in the hospitals, I know, as a matter of fact, that the doctors enter into a contract before they agree to perform the operation. I have seen—and I know from my own personal experience—that they make a contract before performing the

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operation. This is a very bad state of affairs. I think the hospitals are mainly meant for poor people. There should be no difference whatever between the rich and the poor as regards treatment in the State hospitals. Every man who goes there should be attended to without any remuneration, whether he be rich or poor. I think it is high time that the Darbar Physician takes strong measures to stop this system of doctors taking remuneration from poor patients. If the rich men are prepared to give, let the doctors receive; but in the case of poor people, particular care should be taken to see that they are given better treatment without any cost. With these words, I withdraw my motion.

The motion was by leave withdrawn.

PRESIDENT: It is now 5 o'clock, and under Rule 49 (3), I have to place before the House all the outstanding Demands. I shall first put the Demand for the Medical Department.

The question is that a sum not exceeding Rs. 5·20 lakhs be granted under Demand XV—Medical Department.

The grant was made.

Motions 365 to 454.

The following motions lapsed on account of expiry of the time allotted for the voting of Demands:—

MR. M. N. PILLAI:

365. To reduce the allotment of Rs. 4,140 for midwifery and nursing classes by Rs. 10.

MR. K. P. RAMAN PILLAI:

366. To omit the allotment of Rs. 21,257, for grants to European Medical Institutions.

MR. M. N. PILLAI:

367. To reduce the allotment of Rs. 40,700 for grants for medical purposes by Rs. 3,687.

MR. T. KUMARA PILLAI:

368. To reduce the allotment of Rs. 40,700 for grants for medical purposes by Rs. 10.

MR. M. R. MADHAVA VARIAR:

369. To reduce the total allotment of Rs. 5·20 lakhs under Demand XV by Rs. 1,00,000.

MR. G. PARAMESVARAN PILLAI:

370. To reduce the total allotment of Rs. 5·20 lakhs by Rs. 100.

MR. A. GOVINDA MENON:

371. To reduce the total allotment of Rs. 5·20 lakhs by Rs. 100.

MR. V. KUNJUKRISHNA PILLAI:

372. To omit the allotment of Rs. 500 for publication of rare books on Ayurveda.

MR. N. RAMAKRISHNA PILLAI:

373 To reduce the allotment of Rs. 500 for publication of rare books on Ayurveda by Rs. 10.

MR. K. P. RAMAN PILLAI:

374. To reduce the allotment of Rs. 4,738 for Direction by Rs. 100.

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[Mr. K. P. Raman Pillai.]

MR. V. KUNJUKRISHNA PILLAI:

375. To reduce the allotment of Rs. 7,500 for purchase of medicines from the Pharmacy by Rs. 2,000.

MR. N. RAMAKRISHNA PILLAI:

376 To reduce the allotment of Rs. 2,427 for Ayurveda Pharmacy by Rs. 100.

MR. M. R. MADHAVA VARIAR:

377. To reduce the allotment of Rs. 26,571 for the Ayurveda Department by Rs. 100.

MR. T. KUMARA PILLAI:

378. To reduce the allotment of Rs. 69,881 for Sanitary Circle Officers by Rs. 100.

MR. M. N. PILLAI:

379. To reduce the allotment of Rs. 88,368 for Sanitation and Vaccination by Rs. 10.

MR. K. P. RAMAN PILLAI:

380. To reduce the allotment of Rs. 1,580 for Assistant Storekeepers by Rs. 790.

MR. K. P. RAMAN PILLAI:

381. To reduce the allotment of Rs. 1,284 for packers, etc., by Rs. 284.

MR. K. P. RAMAN PILLAI:

382. To reduce the allotment of Rs. 10,518 for establishment by Rs. 1,600.

MR. K. P. RAMAN PILLAI:

383. To reduce the allotment of Rs. 2,07,000 for cost of stationery for public departments by Rs. 17,000.

MR. K. P. RAMAN PILLAI:

384. To omit the allotment of Rs. 200 for purchase and repair of furniture.

MR. K. P. RAMAN PILLAI:

385. To omit the allotment of Rs. 200 for office expenses.

MR. K. P. RAMAN PILLAI:

386. To omit the allotment of Rs. 90 for hot weather charges.

MR. N. RAMAKRISHNA PILLAI:

387. To reduce the allotment of Rs. 1,73,900 for stationery by Rs. 100.

MR. S. KRISHNA AIYAR:

388. To reduce the allotment of Rs. 1,73,900 for stationery by Rs. 1.

MR. V. KUNJUKRISHNA PILLAI:

389. To reduce the allotment of Rs. 5,202 for reading department by Rs. 2,000.

MR. K. P. RAMAN PILLAI:

390. To reduce the allotment of Rs. 1,200 for overtime allowance for temporary piece-work establishment by Rs. 600.

MR. K. P. RAMAN PILLAI:

391. To reduce the total allotment of Rs. 71,204 for establishment by Rs. 6,000.

MR. K. P. RAMAN PILLAI:

392. To reduce the allotment of Rs. 7,500 for purchase of stores and chemicals by Rs. 1,500.

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MR. K. P. RAMAN PILLAI :

393. To reduce the allotment of Rs. 13,000 for purchase of plant by Rs. 11,000.

MR. K. P. RAMAN PILLAI :

394. To omit the allotment of Rs. 300 for petty construction and repairs.

MR. K. P. RAMAN PILLAI:

395. To omit the allotment of Rs. 100 for purchase and repair of furniture.

MR. K. P. RAMAN PILLAI :

396. To reduce the allotment of Rs. 400 for office expenses by Rs. 200.

MR. K. P. RAMAN PILLAI:

397. To reduce the allotment of Rs. 1,698 for pay of menials by Rs. 698.

MR. K. P. RAMAN PILLAI :

398. To omit the allotment of Rs. 705 for Chief Foreman.

MR. K. P. RAMAN PILLAI :

399. To omit the allotment of Rs. 540 for store-keepers.

MR. K. P. RAMAN PILLAI:

400. To omit the allotment of Rs. 540 for supernumeraries.

MR. K. P. RAMAN PILLAI :

401. To omit the allotment of Rs. 1,000 for stores and chemicals.

MR. K. P. RAMAN PILLAI :

402. To omit the allotment of Rs. 2,000 for purchase of plant.

MR. K. P. RAMAN PILLAI :

403. To omit the allotment of Rs. 50 for petty construction and repairs.

MR. K. P. RAMAN PILLAI :

404. To omit the allotment of Rs. 200 for purchase and repair of furniture.

MR. M. N. PILLAI :

405. To reduce the allotment of Rs. 1,06,261 for printing by Rs. 6,000.

MR. N. RAMAKRISHNA PILLAI :

406. To reduce the allotment of Rs. 1,06,261 for printing by Rs. 100.

MR. S. KRISHNA AIYAR :

407. To reduce the total allotment of Rs. 2·80 lakhs under Demand XVII by Rs. 1,00,000

MR. M. R. MADHAVA VARIAR :

408. To reduce the total allotment of 2·80 lakhs under Demand XVII by Rs. 83,000.

MR. K. P. RAMAN PILLAI :

409. To reduce the allotment of Rs. 37,179 for Museum and Public Gardens by Rs. 100.

MR. K. P. RAMAN PILLAI :

410. To omit the allotment of Rs. 200 for purchase and repair of furniture.

MR. S. KRISHNA AIYAR :

411. To omit the allotment of Rs. 310 for photographer.

MR. S. KRISHNA AIYAR :

412. To omit the allotment of Rs. 75 for purchase of photographic materials.

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[Mr. N. Padmanabha Pillai.]

MR. V. KUNJUKRISHNA PILLAI:

413. To reduce the allotment of Rs. 5,100 for Pandits and Assistant Pandits by Rs. 1,000.

MR. V. KUNJUKRISHNA PILLAI:

414. To omit the allotment of Rs. 800 for collection of rare manuscripts.

MR. V. KUNJUKRISHNA PILLAI:

415. To omit the allotment of Rs. 1,000 for publication of Malayalam and Tamil manuscripts.

MR. N. RAMAKRISHNA PILLAI:

416. To reduce the allotment of Rs. 11,700 for preservation of Oriental Literature by Rs. 100.

MR. K. P. RAMAN PILLAI:

417. To reduce the allotment of Rs. 26,275 for Registrar of Co-operative Societies by Rs. 100.

MR. A. GOVINDA MENON:

418. To reduce the allotment of Rs. 26,275 for Registrar of Co-operative Societies by Rs. 100.

MR. M. R. MADHAVA VARIAR:

419. To reduce the allotment of Rs. 7,800 for Development Board by Rs. 100.

MR. S. KRISHNA AIYAR:

420. To reduce the allotment of Rs. 7,800 for Development Board by Rs. 1.

MR. K. P. RAMAN PILLAI:

421. To omit items of works Nos. 25, 26, 28, 42, 44, 46, 71, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 178, 179, 180, 181 182 and 183.

MR. K. P. RAMAN PILLAI:

422. To reduce the allotment of Rs. 1,800 for item of work No. 20 by Rs. 100.

MR. S. KRISHNA AIYAR:

423. To omit items of work Nos. 59, 60. 64, 71, 86, 120, 121, 146, 149, 231 and 392.

MR. M. R. MADHAVA VARIAR:

424. To reduce the allotment of Rs. 3,500 for travelling allowance by Rs. 500.

MR. T. KUMARA PILLAI:

425. To reduce the allotment of Rs. 3,500 for travelling allowance by Rs. 10.

MR. K. P. RAMAN PILLAI:

426. To reduce the allotment of Rs. 28,147, for Direction by Rs. 100.

MR. T. KUMARA PILLAI.

427. To reduce the allotment of Rs. 70,000 for travelling allowance by Rs. 10.

MR. N. PADMANABHA PILLAI:

428. To omit the allotment of Rs. 3,200,160 for buildings (original works) by Rs 13,000.

MR. N. RAMAKRISHNA PILLAI:

429. To reduce the total allotment of Rs. 4,35760 for buildings by Rs. 100.

MR. N. PADMANABHA PILLAI:

430. To reduce the allotment of Rs. 5,80,820 for communications (original works) by Rs. 5,000.

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MR. T. KUMARA PILLAI.

431. To reduce the allotment of Rs. 7,20,680 for maintenance or annual repairs by Rs. 10.

MR. A. GOVINDA MENON:

432. To reduce the total allotment of Rs. 13,01,500 for communications by Rs. 100.

MR. N. RAMAKRISHNA PILLAI:

433. To reduce the total allotment of Rs. 13,01,500 for communications by Rs. 100.

MR. N. PADMANABHA PILLAI:

434. To reduce the allotment of Rs. 39,160 for miscellaneous public improvements (original works) by Rs. 1,500.

MR. N. RAMAKRISHNA PILLAI:

435. To reduce the total allotment of Rs. 85,680 for miscellaneous public improvements by Rs. 100.

MR. M. R. MADHAVA VARIAR.

436. To reduce the allotment of Rs. 50,280 for reserve by Rs. 40,000.

MR. J. JOHN NIDIRY:

437. To reduce the total allotment of Rs. 21,36,388 for Executive by Rs. 100

REV. FR. KURIAKOSE VETTIKKAPALLI:

438. To reduce the total allotment of Rs. 21,64,435 for buildings, communications and miscellaneous public improvements by Rs. 200.

MR. M. R. MADHAVA VARIAR:

439. To reduce the total allotment of Rs. 21,64,435 for buildings, communications, and miscellaneous public improvements by Rs. 100.

MR. T. KUMARA PILLAI:

440. To reduce the allotment of Rs. 29,300 for establishment by Rs. 9,300.

MR. TARIATU KUNJITOMMAN:

441. To reduce the allotment of Rs. 1,47,300 for Protective Irrigation by Rs. 2,000.

MR. N. RAMAKRISHNA PILLAI:

442. To reduce the allotment of Rs. 1,47,300 for Protective Irrigation by Rs. 100.

MR. N. PADMANABHA PILLAI:

443. To reduce the total allotment of Rs. 24·45 lakhs under Demand XX by Rs. 100.

MR. S. KRISHNA AIYAR:

444. To omit the allotment of Rs. 165 for local allowance to an Inspector.

MR. S. KRISHNA AIYAR:

445. To reduce the allotment of Rs. 1,75,218 for establishment by Rs. 2,330

MR. M. R. MADHAVA VARIAR:

446. To reduce the allotment of Rs. 3,53,360 for working expenses by Rs. 50,000.

MR. S. KRISHNA AIYAR:

447. To reduce the allotment of Rs. 3,53,360 for working expenses by Rs. 39,100.

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[President.]

MR. N. RAMAKRISHNA PILLAI :

448. To reduce the total allotment of Rs. 3·58 lakhs under Demand XXI by Rs. 100.

MR. M. R. MADHAVA VARIAR :

449. To omit the allotment of Rs. 50,000 for Madras and other exhibitions.

MR. T. KUMARA PILLAI :

450. To reduce the allotment of Rs. 500 for expenditure under the Weights and Measures Regulation by Rs. 100.

MR. M. R. MADHAVA VARIAR :

451. To omit the allotment of Rs. 315 for Travancore Soldiers' Committee.

MR. N. PADMANABHA PILLAI :

452. To reduce the total allotment of Rs. ·89 lakh under Demand XXII by Rs. 10.

MR. TARIATU KUNJITOMMAN :

453. To reduce the total allotment of Rs. 1 lakh under Demand XXII by Rs. 10.

MR. S. KRISHNA AIYAR :

454. To reduce the total allotment of Rs. 1 lakh under Demand XXIII by Re. 1

DEMAND XVI.—CHEMICAL EXAMINER, ETC.

PRESIDENT : The question is that a sum of Rs. 1.37 lakhs be granted under Demand XVI—Chemical Examiner, Ayurveda, and Sanitation.

The grant was made.

DEMAND XVII—STATIONERY AND PRINTING.

PRESIDENT : The question is that a sum of Rs. 2.80 lakhs be granted under Demand XVII—Stationery and Printing.

MR. K. P. RAMAN PILLAI (*Quilon*) : I oppose the Demand.

PRESIDENT : Then I shall put it to the vote.

The demand was put to the vote and carried, 27 voting *for* and 8 *against*.

The grant was made.

DEMAND XVIII—SCIENTIFIC AND MISCELLANEOUS DEPARTMENTS.

PRESIDENT : The question is that a sum of Rs. ·43 lakh be granted under Demand XVIII—Scientific and Miscellaneous Departments.

The grant was made.

DEMAND XIX—SCIENTIFIC AND MISCELLANEOUS DEPARTMENTS.

PRESIDENT : The question is that a sum of Rs. ·58 lakh be granted under Demand XIX—Scientific and Miscellaneous Departments

The grant was made.

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